whitehorse general hospital

Laboratory

Guide to Services

April 2013

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Section A: Laboratory Information

1. Hours of Service

Main Laboratory		
Monday-Friday	**0630-1600**	Regular Hours
	1600-2400	Staffed by one Technologist
Weekends & Holidays	**0800-2400**	Staffed by one Technologist
After-Hours	**2400-0800**	One Technologist On-call
Microbiology Laboratory		
Everyday	**0800-1600**	All testing/ processing of Microbiology samples performed during Regular Hours
STAT Requests After-Hours: Please contact Main Laboratory Technologist		
Outpatient Collection Centre		
Monday-Friday	**0700-1130 & 1230-1600**	Regular Hours
Weekends & Holidays	**Closed**	
Timed blood work needed on weekends & holidays must be pre-arranged with Lab staff		

2. Contact Information

	Phone	**Fax**
General Lab Inquiries:	867-393-8739	867-393-8772
Laboratory Results Appointment Bookings Collection Instructions		
Microbiology:	867-393-8794	867-393-8772
Collection Instructions Results		

3. WGH Laboratory Test Menu: Our On-site Services

Whitehorse General Hospital Laboratory Test Menu: Our On-site Services		
Hematology		
Tests available on whole blood, CSF and bodyfluids.		
Bone marrow tests must be booked; samples are sent to other labs for testing.		
Complete Blood Count (CBC)	Malaria screen	PTT
WBC differential/RBC morphology	Reticulocytes	D-dimer
Platelet count	PT/INR	Fibrinogen C
Chemistry		
Testing on plasma, serum, urine & other body fluids for many analytes.		
Glucose tests include Fasting, Random, and Tolerance (GTT).		
Acetaminophen	Creatinine/eGFR	LDH
Albumin	Creatinine clearance	Magnesium
Alkaline Phosphatase	Creatine Phosphokinase	Osmolality
ALT	Digoxin	Phosphorus
AST	Ethyl Alcohol	Phenytoin
Amylase	Sodium	Salicylate
HCG	Potassium	Triglycerides
Arterial Blood Gases	Chloride	Total Protein
Cord pH and Base Excess	Bicarbonate	Troponin I
Lactate	Ferritin	TSH
Venous Blood Gases	Gentamicin	Urea
Bilirubin	GGT	Uric Acid
Calcium	Glucose	Vancomycin
Carbamazepine	Hgb A1C	
Cholesterol	HDL profile	
Urinalysis and Miscellaneous Testing		
Urine- macroscopic & microscopic	Pregnancy Test	Monotest
if indicated	Fecal Occult Blood Screen	
Fetal Fibronectin	Semen Analysis	
Urine drugs of abuse	Rheumatoid Factor Screen & Titre	
Transfusion Medicine		
Limited Red Cell inventory. Blood Components on-site: Red Cells, Plasma, Albumin (5 and 25%), IVIG,		
RhIg, Factor VIII, Factor IX, Prothrombin Complex concentrate, Activated Factor VII (recombinant).		
ABO & Rh Typing	Compatibility test (cross match)	Rh typing
Antibody Screen	Direct Antiglobulin Test (DAT)	Transfusion reaction investigation
Microbiology		
Tests on blood, urine, sterile fluids, sputa and swabs from various body sites.		
Culture and sensitivities	Infection control screening for	*C. difficile* antigen and toxin assay
Gram stain	Antibiotic Resistant Organisms	
Point-of-Care Testing		
Record test results in Nursing notes. Include time, date and tester identification.		
Glucometer outreach		
Procurement & Accessioning		
Electrocardiograms	Spirometry & Reversibility Testing	24 Hour Urine preparation
Holter Monitoring		

4. Referred-Out Tests: Our Support Team

The following is a listing of laboratories outside Yukon to which we send samples for testing. Depending on requests, samples may be sent to the following referral laboratories.

Facility	Webpage
Providence Health Care (PHC) Within PHC we have contracts with:	http://www.providencehealthcare.org/
St. Paul's Hospital	http://www.providencehealthcare.org/info_stpauls_main.html
Provincial Health Services Authority (PHSA) Within PHSA we have contracts with:	http://www.phsa.ca/
BC Communicable Diseases Control (BCCDC)	http://www.bccdc.ca/
BC Children's Hospital	http://www.bcchildrens.ca/
BC Women's Hospital & Health Centre	www.bcwomens.ca
BC Cancer Agency	http://www.bccancer.bc.ca/
Canadian Blood Services (CBS)- BC & Yukon	http://www.blood.ca/
Lifelabs BC	http://www.lifelabs.com/Lifelabs_BC/
BC Biomedical	http://www.bcbio.com/
Vancouver Coastal Health Within VCH we have contracts with:	http://www.vch.ca/
Vancouver General Hospital	http://www.vch.ca/402/7678/?site_id=470

Note: Other Canadian Laboratories are periodically used for tests that are less frequently requested.

Samples for the following are sent to referral microbiology laboratories for testing:

Microbiology Referred-Out Testing	
Stool samples (all tests)	Viral Cultures (all sample types/tests)
TB testing (all sample types)	Influenza (ILI)
Pertussis	GI Outbreaks
GC/Chlamydia	

5. Sample Identification Criteria (Labelling)

Samples are labelled immediately after collection and in the presence of the patient. Samples are labelled with the following minimal information:

- Patient's last and first name
- Second identifier (D.O.B. and/or healthcare number)
- Identity of individual collecting the sample, where required
- Time and date of collection. It is acceptable to use the date format on a computer generated label provided it is accurate. Collection time is recorded using the 24hr clock format
- Sample source, where applicable.

[WGH Laboratory Quality Manual, QP-07-01 p.1]

6. Proper Labelling of Samples

Affix labels to blood collection tubes as follows:

- ✓ Position labels such that the Patient's name begins near the coloured cap of the collection tube
- ✓ Cover the original label such that a portion of the blood sample is visible (to verify quantity and quality)
- ✓ Mint-green (PST) and Gold (SST) -capped collection tubes: ensure a small portion of the original tube label colour is visible (once coloured caps are removed for analysis, they are recapped with non-specific generic caps- tube label colour is necessary info for technologists)
- ✓ Ensure the label isn't crooked & doesn't surpass the tube's length- our analyzers may reject the sample or labels may be ripped off when placed in racks



In the lab, coloured caps are removed for analysis & recapped with non-specific caps



Remember: * Never affix labels to collection tubes prior to collection

* Always affix labels in the presence of the patient

These golden rules reduce the chances of improper labeling

References

Clinical and Laboratory Standards Institute (CLSI). 2007. *Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard- Sixth Edition*. CLSI document H3-A6 (ISBN 1-56238-650-6). Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898 USA.

Vancouver Coastal Health. 2010. Phlebotomy & Specimen Labelling Procedure. Version 2.3. March 16, 2010.

7. Sample Rejection Policy

The WGH Laboratory reserves the right to delay or cancel testing on samples that have been improperly collected, labelled, processed, stored or transported.

The laboratory shall take measures to maintain sample integrity while following up on the receipt of an inadequate sample. Please note that the large number of samples received by the laboratory makes it impossible to positively identify samples that are not clearly labelled in accordance with the sample identification criteria.

8. Sample Rejection Criteria

Samples may be rejected for the following reasons:

- ☒ **Unlabelled Samples**
- ☒ **Incorrectly Labelled (Mislabelled) Samples**
- ☒ **Incorrect Container or Preservative**
- ☒ **Insufficient Sample for Procedure(s)**
- ☒ **Unsuitable Sample for Procedure(s)**
- ☒ **Blood Sample Hemolyzed**
- ☒ **Improper Transport Conditions**
- ☒ **Sample Too Old to Process**

Unlabelled Samples

- Common sample types (blood, urine, swabs, sputum, stool, etc.) which cannot, with certainty, be identified will require recollection.

- Less common samples that are more difficult to recollect (CSF, fluids, tissues, etc.) require the Physician who collected them to come to the Laboratory to identify the sample and complete the "Irreplaceable Sample Identification Record" Form (ACC010F). They assume responsibility for the identification of the sample.

- If the person responsible for collecting the sample is unable, with certainty, to identify the sample, the appropriate Clinical Care Manager, designate and Ordering Physician will be notified.

Incorrectly Labelled (Mislabelled) Samples

- If the patient's name, date of birth or health care number conflict with those recorded on the Requisition, the Unlabelled Samples criteria apply.

- Samples with patient names misspelled, but with correct health care number and D.O.B. will have a notation accompany the patient report. Procedures ordered may be performed after every effort is made to confirm spelling. These errors cause delays in sample processing.

Incorrect Container or Preservative

- Recollection is required for samples received in an incorrect container, or with/ without the appropriate preservative (e.g. a blood collection in the wrong collection tube). These errors can lead to invalid results.

Insufficient Sample for Procedure(s)

- Repeat collections will be requested when there is insufficient sample to provide results for all tests ordered. Procedure(s) for which there is sufficient sample will be performed.

Unsuitable Sample for Procedure(s)

- Samples will be rejected if samples collected are unsuitable for the test requested (saliva for sputum tests, urine for blood tests).

Blood Sample Hemolyzed

- Hemolyzed blood samples will be rejected. Free hemoglobin in hemolyzed blood samples interferes with the accuracy of most test results.

Improper Transport Conditions

- Samples will be rejected if the samples were subjected to improper transport conditions. Examples include blood samples that were not centrifuged in a timely manner and blood samples for LDH that were not transported at room temperature. [Note- frozen samples that arrive thawed may not provide accurate results and are treated with caution, based on the specific circumstances].

Sample Too Old to Process

- Samples will be rejected when the sample has been in transit too long for obtaining valid results. Time sensitivity varies for each test. Contact the lab if you are uncertain about the viability of a sample. Every effort should be made to transport samples to the Lab as soon as they are collected.

Microbiology: Sample Rejection Criteria

Microbiology samples may be rejected for the following reasons:

- ☒ Unlabelled Samples
- ☒ Incorrectly Labelled (Mislabelled) Samples
- ☒ Incomplete information on the Requisition or Sample
- ☒ Sub-optimal sample: leaking urine/ stool containers; insufficient quantity
- ☒ Duplicate microbiology samples received on the same day (e.g. multiple ova & parasite stool samples, sputa samples).
- ☒ Sample delayed in transit.

Please refer to the Sample Collection– Microbiology (Section C.6) for further details.

Transfusion Medicine: Sample Rejection Criteria

Refer to Transfusion Service Manual (TT010) Patient Identification and Sample Labelling for correct labelling procedures. All other samples will be rejected.

In all cases where samples have been rejected, the appropriate patient care unit will be notified of the rejection and a request for recollection will be made.

9. Irreplaceable Sample Identification Policy

Laboratory policy requires the following critical elements to ensure samples received are tested and reported on the correct individual:

- Patients must be positively identified using 2 identifiers.
- Samples are labelled immediately after collection and in the presence of the patient.
- Samples are labelled with the following information, as a minimum:
  - Patient's last and first names
  - Secondary identifier (date of birth and/or healthcare number) that links directly to that patient
  - Identity of the individual collecting the samples, where required
  - Time and date of collection. It is acceptable to use the date format on a computer generated label provided it is accurate.
  - Collection time is recorded using the 24hr clock format.
  - Sample source, where applicable.

The WGH Laboratory recognizes that if the sample: is less common; involves an invasive procedure; or could not otherwise be easily recollected, it may be acceptable to apply an exception to sample rejection. Upon receipt of samples that do not provide the information listed above, an **Irreplaceable Sample Identification Record Form** (see next page) will be filled out and returned to the physician or your clinic.

Irreplaceable Sample Identification Record

Samples received on _____ showed the following deficiencies:
Date and time of receipt in the Laboratory

Patient Full Name:		**Ordering Physician:**	
Date of Birth:		**YT Health Care #:**	
(Please check the appropriate box):			
Collection Tube or Container		**Requisition**	
	Unlabelled		No patient information provided
	Illegible		No requisition received
	Incorrect		No test(s) ordered
	No secondary identifier		Illegible
	No date & time of collection		
Other, specify:		Other, specify:	

This record must be signed by the Ordering Physician and the sample and Requisition as indicated above must be corrected before testing will be performed.

I verify that the sample from the above named patient cannot be recollected. The information has been corrected and I take full responsibility for the results and repercussions of testing on this sample.

Print name clearly: _____

Signature (declaring corrected patient identity) _____

Date: _____

MLA or Tech Witness: _____

10. Consent for Release Form

This form must be completed for the release of laboratory information from Whitehorse General Hospital Laboratory.

I, _____ D.O.B. _____ Health Care #:_____
(Patient Name – Please Print) DD/MM/YY Yukon Health Insurance

consent to the release of my test results from sample(s) collected _____
Date sample collected

to: (if release to person other than stated above provide contact phone number to confirm authorization: _____)

_____
Name of Person/Organization to whom information will be released)

for the following purpose:

_____

Access is restricted to the above named person. No other persons shall have access to my health information without my written consent.

_____ _____
Patient Signature Date

_____
Witness Signature

Laboratory Use Only:

Confirming identification (picture ID): _____

Meditech comment by: _____

Release date/time: _____ Tech ID: _____

11. Booking Procedures: Tests Requiring Appointments

The following procedures and tests require appointments:

	Procedure or Test	Requisition
A.	Electrocardiogram (ECG/ EKG)	WGH Lab On Site Testing
B.	Holter Monitor	Holter Monitor
C.	Spirometry and Reversibility Testing	WGH Lab Spirometry
D.	Oral Glucose Tolerance Test (OGTT)	WGH Lab On Site Testing

- Phone the Laboratory at 393-8739 to book appointments for patients (Exception: Spirometry tests are now booked by our staff)
- **Fax completed Requisitions to the Laboratory: 867-393-8772**

A. Electrocardiogram (ECG/EKG)

1. Refer patients with acute chest pain directly to the WGH ED, not to the Laboratory. A requisition is not required.
2. Appointments: ensure the ordering physician is available, in their clinic, at the proposed time of the patient's ECG appointment. The physician must review abnormal ECG reports before patients can leave the hospital.
3. Pediatric patients will require longer appointment times, so please indicate the age of the child when booking the appointment.
4. Provide patient with a Patient Information Sheet (see Section D) if required.
5. Verbally inform the patient of the following information:
   - Arrive at least 10 minutes early for the appointment so there is time for check-in. If you are late, there may be delays or your appointment may need to be rebooked.
   - Be prepared to wait, there can be delays if your doctor needs to review the ECG test results. While the actual test is fast, the entire appointment may last 30 minutes.

B. Holter Monitor

1. Provide patients with a Patient Information Sheet (see Section D)
2. Verbally inform the patient of the following information:

- You must come to the WGH Laboratory to have your Holter Monitor fitted- the fitting appointment will take approximately 20-30 minutes.
- You must wear the Holter Monitor for a 24 hour period.
- You must return to the lab the next day to have the monitor removed (10 minutes).
- Read the Patient Instructions thoroughly to prepare for the appointment.
- You will complete a diary of your activities for 24 hours.

C. Spirometry and Reversibility Testing at WGH Laboratory

These tests were formerly referred to as Pulmonary Function Tests (PFT's). The Laboratory performs both Spirometry testing (one session, no bronchodilator administered) and Reversibility testing (Pre & Post bronchodilator Spirometry). We have created a separate requisition (see Section B) to reflect new requirements. Please note the following guidelines for determining patient suitability before submitting a requisition:

Patients must be ≥6 years old to be eligible.

Indications for spirometry (as listed on requisition):

	Reason for testing:
☐	For confirmation of diagnosis: patient must withhold respiratory medications *Physician must provide specific instructions to patient*
OR	
☐	Monitoring therapy: continue respiratory medications

It is the physician's responsibility to provide their patients with specific instructions about withholding medications.
Recommended time for withholding medication prior to spirometry testing:

Medication	Time to withhold
Short-acting bronchodilators: Salbutamol (Ventolin, Airomir, Ratio-Salbutimol, Apo-Salvent, etc.), ipratropium bromide (Atrovent), terbutaline (Bricanyl)	4 hours
Long-acting bronchodilators: salmeterol (Serevent), formoterol (Oxeze) Combination Medications: Advair (salmeterol/fluticasone), Symbicort (budesonide/formoterol)	12 hours
Theophylline: Theo-Dur	24 hours
Once-a-day medications: tiotropium (Spiriva), motelukast sodium (Singulair)	24 hours
Corticosteroids: Inhaled: fluticasone (Flovent), budesonide (Pulmicort), ciclesonide (Alvesco), beclomethasone (Qvar); Oral: Prednisone	**Do not stop**

Source: SpiroTrec© The Lung Association of Saskatchewan. 2010. The Spirometry Training and Educator Course. Participant's manual.

Contraindications for Spirometry

Postpone if the patient:
-is experiencing an acute respiratory illness
-has had a recent (within one month) heart attack
-has had a recent stroke
-has had recent eye, abdominal, thoracic surgery
-has had a recent pneumothorax

Absolute Contraindications:
-history of an aneurysm
-uncontrolled hypertension

Appointments for Spirometry and Reversibility testing are now booked by WGH Laboratory staff.

1. Obtain the patient's current phone number(s) where they can be reached during business hours, so Laboratory staff can phone to book the appointment.
2. **Fax** the **Requisition and contact phone numbers** to the Laboratory: 867-393-8772
3. Patients will be contacted in the order in which Requisitions are received.
4. Provide patient with a Patient Information Sheet (see Section D).
5. Verbally inform the patient of the following:
    - You will be contacted by a Laboratory staff member to book your appointment. These tests are performed on select days.
    - Avoid smoking for at least 4 hours prior to the test
    - Avoid eating a large meal 2 hours prior to the test
    - Avoid exercising heavily 30 minutes prior to the test
    - Avoid drinking alcohol 4 hours prior to the test
    - Avoid wearing tight clothing that might restrict full deep breaths
    - Do not wear fragranced products (perfume, cologne, shower gels, etc.)
    - Bring your medication ('puffers') with you to the appointment. You must follow your doctor's instructions about using these medicines before the test
    - Arrive 10 minutes early to check in
    - You will be at the hospital for approximately 1 hour because the test will be done twice (before and after you are given a medicine).
    - You cannot smoke during the test

The following 'YouTube' video (Title: "Spirometry Technique Review", uploaded by 'LungAssociationSK') depicts the test we perform at the WGH Laboratory: http://www.youtube.com/watch?v=--7ORNHWVrY&list=UUo2i4iUca7JpewgD9xY5GVA&index=2&feature=plcp

D. Oral Glucose Tolerance Testing (OGTT or GTT) and Gestational Diabetes Screen (GDS)

1. Includes Non-Gestational and Gestational GTT tests. The Non-Gestational GTT has, in most circumstances, been replaced by the HbA_1C test.
2. Provide patient with:
    - Requisition
    - Patient Information Sheet (see Section D)
3. Verbally inform patient of the following information:

- Fast for 8 hours before the test.
- You can continue to take your medications. Drinking water is permitted.
- Arrive 10 minutes early to get signed in. You will be at the Hospital for just over 2 hours.
- Read the Patient Information Sheet before the test to prepare for the appointment.

Dose and Collection Procedures for OGTT

	Restrictions	Dose of Trutol 100 (1gm/3mL)	Blood Collections
2 hr OGTT, Non-Gestational	8 hr fast; water permitted; take medication(s)	Adult: 225 mL= 75 gm	Fasting 2 hr
2 hr OGTT, Gestational	8 hr fast; water permitted; take medication(s)	Adult: 225 mL= 75 gm	Fasting 1 hr 2 hr
50 gm GDS, Gestational Diabetes Screen	None	Adult: 150 mL= 50 gm	1 hr

Section B. Ordering Tests & Requisition Forms

1. List of Requisitions

#	Requisition Title (Header)	Site of Testing	Types of Tests Run
1	**WGH Laboratory- On Site Testing**	**Whitehorse General Hospital**	**Blood, Urine, Fluid Tests; Booked Procedures**
2	WGH Microbiology Laboratory	Whitehorse General Hospital	Genital Smears & Swabs, C&S, Gram stain
3	Holter Monitor	(Interpretation: Cardiology Unit at St. Paul's Hospital)	Electrocardiography (24-48 hrs)
4	Spirometry	(QC: The Lung Centre (VCH/UBC))	Spirometry testing
5	WGH Laboratory- Referred Out Testing	St. Paul's Hospital	Blood & Urine tests
		Vancouver Hospital	Blood tests
		BC Children's	Blood tests
		Other	
6	PHSA Laboratories- Tumor Marker Lab Requisition	BC Cancer Agency (BCCA)	Cancer Markers
7	Canadian Blood Services- Diagnostic Services- Perinatal Screen Request	Canadian Blood Services, Vancouver	Perinatal Screening
8	Prenatal Biochemistry Laboratory Requisition	Children's & Women's Health Centre of British Columbia	Serum Integrated Prenatal Screen (SIPS)
9	PHSA Laboratories- Gynecological Cytology Requisition Form	Cervical Cancer Screening Laboratory, Vancouver BC	Cancer Screening (Pap smear samples)
10	Virology and Reference Laboratory	St. Paul's Hospital	Chlamydia + GC PCR
11	PHSA Laboratories- Serology Screening Requisition	BC Centre for Disease Control	Prenatal Screening; HIV, Syphilis, Hepatitis
12	PHSA Laboratories- Parasitology Requisition	BC Centre for Disease Control	Parasites- as detected from various tissue samples
13	PHSA Laboratories- Virology Requisition	BC Centre for Disease Control	Viruses- as detected from various tissue samples
14	PHSA Laboratories- Bacteriology & Mycology Requisition	BC Centre for Disease Control	Respiratory Infections, Gastrointestinal Infections, Mycology
15	PHSA Laboratories- Mycobateriology/ TB Requisition	BC Centre for Disease Control	Mycobacteria- as detected from various tissue samples
16	PHSA Laboratories- Gastrointestinal Disease Outbreak Requisition	BC Centre for Disease Control	Viral/ Bacterial/ Ova & Parasite tests on Feces and Vomitus
17	Providence Health Care- Department of Pathology Surgical Requisition	St. Paul's Hospital	Pathology samples
18	Diagnostic Cytology Requisition	PHSA & BCCA	Cytology samples, various
19	BCBiomedical Specific Allergen IgE Request Form	BCBiomedical Laboratories Ltd., Surrey BC	Allergy testing
20	Molecular Genetics Laboratory	C &W Health Centre of BC	Molecular Genetics testing
	Requisitions needed for Prenatal tests (see Community Nursing's Prenatal Checklist)		

2. Acceptance Criteria for Requisitions

It is the submitting client's responsibility to ensure that requisitions are **filled out completely, accurately and legibly**. Failure to do so could mean delays in processing and testing of Patient samples.

Acceptance Criteria for Requisition Forms		
Ensure the following information is provided:		
Patient Information:	☑	Complete Name (Surname & Given Name)
	☑	Health Care Number
	☑	Date of Birth (DD/MM/YYYY)
	☑	Gender
Ordering Physician:	☑	Complete Name
	☑	Physician's Billing Number (MSC)
	☑	Fax Number if Outside Yukon
Copies to:	☑	Doctor or Facility Name
	☑	Billing Number or Facility Number
	☑	Fax Number if Outside Yukon
Date and Time:	☑	(If Patient collects sample, remind them to fill out)
Tests Ordered:	☑	Sample Type
	☑	Test Requested
	☑	Relevant Clinical/ Travel History
Sample Type:	☑	Blood: if decanted from original tube, specify serum, heparanized plasma, citrated plasma, whole blood, etc. Indicate if frozen.

Current Requisition used by the WGH Laboratory

Though updates will be provided through WGH Laboratory Memos, we strongly encourage you to visit Referred-Out Laboratory websites periodically to ensure you are using the current Requisition. Infrequently-ordered tests may require other Requisition not displayed here. Phone the Laboratory (867-393-8739) to discuss requirements.

3. Standing Orders

Purpose: To eliminate the need for Requisitions for each visit when patients require blood work on a regular basis.

Procedure:

Complete a “Standing Orders Request for Laboratory Services” Form (see next page).

**** The ordering physician must sign the form in order for the request to be processed.**

Notes:

Standing Orders are only valid for a maximum of 1 year. Once expired, a new request form will need to be completed.

If a patient is absent for 4 months or more, their Standing Order will be cancelled. A new request form will need to be completed to resume service.

Results will only be sent to the Ordering Physician(s) on the standing order.

Only tests listed on the Standing Order will be completed. If additional tests are needed at a given time, you must fill out a separate Requisition.

- Refer to Standing Order tests on the Requisition if both are to be done
- Ask the patient to mention their Standing Order to Laboratory staff upon arrival.

Request for Standing Orders for Laboratory Services

Name of Patient: (Lastname, Firstname)	
Address & Phone number:	
Date of Birth: (dd/mm/yy)	
Health Care #:	
Ordering Physician:	
Physician's Signature (Required)	
Fax #:	
Additional Copies to: (include fax #'s)	
Diagnosis:	
Test(s) Required & Frequency of Tests:	
Duration:	
Start Date:	
End Date: (Max. 1 year)	
Internal Lab Use Only:	
Date Received:	
Date Card Made:	

4. Add-On Tests

Purpose: When another blood test needs to be added to an existing order.

Chemistry samples processed in the WGH Laboratory are kept for one week to ensure add-on tests can be performed. Due to sample stability and storage requirements (temperature, light, etc.) not all Add-On tests can be performed (e.g. bilirubin, troponin).

Procedure:

1. Phone the lab to verbally indicate the need for additional tests.
2. Fax the Add-On test Requisition to the Laboratory at 867-393-8772. The Requisition should be clearly marked: “Add on to sample drawn on [date]

5. Examples of Requisition Forms

[Following pages]:

whitehorse general hospital

ON SITE TESTING REQUISITION

Ph: (867) 393-8739 fax: (867) 393-8772

Laboratory Use Only

Sample

LAST NAME FIRST NAME M ☐ F ☐

DATE OF BIRTH (dd/mm/yy) HEALTH CARE # (Prov)

SUBMITTING DOCTOR CLINIC/HEALTH CENTRE DIAGNOSIS

COPY OF REPORT TO:

Patient fasting: Y N

Specimen Collection

Date:

Time:

By:

HEMATOLOGY

- ☐ CBC
- ☐ ANC/AGC
- ☐ INR (PT)
  - *PATIENT ON COUMADIN* Y N
- ☐ PTT
  - *PATIENT ON HEPARIN* Y N
  - *PATIENT ON LMWH* Y N
- ☐ DIMER TEST
- ☐ RA
- ☐ MONO
- ☐ ESR
- ☐ MALARIAL SMEARS
  - COUNTRY VISITED
  - DATE
  - *IS PATIENT SYMPTOMATIC?* Y N
- ☐ RETIC
- ☐ OTHER:
- ☐ ABO/Rh Blood Type
  - Reason:
  - *Prenatals require CBS Req*
- ☐ Pre-Op Group & Screen
  - OR Date:
- ☐ Out-Pt Transfusion
  - # of Units:
  - Tx Date:

(WGH Pharmacy requires pre-chemo patient height and weight)

URINE ☐ URINALYSIS ☐ PREG TEST

STOOL ☐ REDUCING SUBSTANCES ☐ OCCULT BLOOD

Routine Screen for Colon Ca? Y N

☐ *H. pylori* UREA BREATH TEST

Weekdays 12:30 - 14:30

☐ SERUM OSMO ☐ URINE OSMO

CHEMISTRY (Specimen held 7 days)

- SODIUM
- POTASSIUM
- CHLORIDE
- BICARBONATE
- GLUCOSE - fasting / - random
- 50 gm LOAD (Gestational Screen)
- UREA
- CREATININE
- CK
- TROPONIN
- TOTAL PROTEIN
- ALBUMIN
- BILIRUBIN - TOTAL
- ALP - fasting
- LDH - room temperature transport
- AST (SGOT)
- ALT (SGPT)
- GGT
- AMYLASE
- CALCIUM
- PHOSPHORUS
- MAGNESIUM
- URIC ACID
- HDL CHOLESTEROL / LDL - fasting
- CHOLESTEROL
- TRIGLYCERIDE - fasting
- HCG URINE PREG. RESULTS: / REASON FOR SERUM HCG:
- FERRITIN
- Hgb AIC

ORAL GLUCOSE TOLERANCE (please book)

- 2 hr GTT
- 2 hr GTT (GESTATIONAL)

THERAPEUTIC DRUGS

DATE / TIME OF LAST DOSE

- CARBAMEZAPINE (TEGRETOL)
- PHENYTOIN (DILANTIN)
- SALICYLATE
- ACETAMINOPHEN
- GENTAMICIN - trough / - peak
- DIGOXIN
- VANCOMYCIN - trough / - peak

THYROID FUNCTION

(Testing follows B.C. Health Services algorithm)

- on thyroid replacement therapy
- suspected thyroid disease, not yet diagnosed
- none of the above (specify condition)

24 HOUR URINE TESTING

Collection Time & Date

Total Volume mL

- AMYLASE
- CREATININE
- PROTEIN
- URIC ACID — PRESERVATIVE / VOLUME
- CALCIUM — PRESERVATIVE / VOLUME

- CREATININE CLEARANCE (must have serum creatinine)
- Patient Ht. cm
- Patient Wt. kg

BOOKED PROCEDURES

- ☐ ECG — PACEMAKER Y N
- ☐ SPIROMETRY
- ☐ Pre-Post BRONCHODILATOR Spirometry — Bronchodilator Standing Order (see reverse) will be used unless otherwise specified.

FLUIDS **SEMEN** *(Monday - Thursday 0800-1200 only)*

- ☐ POST VAS
- ☐ INFERTILITY
  - TIME OF COL:
  - PARTNER OF:
- ☐ POST REVERSAL
  - DATE DONE:

☐ SYNOVIAL ☐ PLEURAL ☐ PERITONEAL ☐ OTHER

- ☐ CELL COUNT
- ☐ PROTEIN
- ☐ URIC ACID
- ☐ LDH
- ☐ GLUCOSE

LABORATORY REQ#

FORM – 0002632 – 2012-01

Your information is protected under the WGH Privacy Policy

5 Hospital Road, Whitehorse, Yukon Y1A 3H7

LABORATORY HOURS

MONDAY through FRIDAY excluding HOLIDAYS

~~ 07:00 a.m. To 11:30 a.m. ~~

and

~~ 12:30 p.m. To 04:00 p.m. ~~

Children after 08:00 a.m.

PATIENT INSTRUCTIONS

FASTING (8 HOURS):

Do not eat or drink for 8 hours prior to the test . Water and prescription drugs are permitted

Alkaline Phosphatase	Gastrin	Phosphorus
B12	Glucose (fasting)	Quantitative Amino Acid
Carotene	Growth Hormone	Serum Folate
C-peptide	Insulin	Thyroglobulin
Cryoglobulins	Parathyroid Hormone	

FASTING (12 HOURS):

Do not eat or drink for 12 hours prior to the test. Water is permitted

Cholesterol	Other lipid tests	Triglycerides ***(Abstain from alcohol for 48 hours prior.)***

DRUG LEVELS:

Take drug regularly the week before the test. Blood should be collected PRIOR to the next dose. (If there are any problems, check with the laboratory or your doctor.)

TIMED TESTS:

- Testosterone - prior to 10:00 hrs
- am cortisol - prior to 09:00 hrs
- pm cortisol - must be done at 16:00 hrs
- 50gm loads not after 14:00 hrs

Sample

(reverse side of WGH Req.)

whitehorse general hospital

MICROBIOLOGY LAB

ON SITE TESTING

Ph: (867) 393-8794 fax: (867) 393-8772

Laboratory Use Only

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH (dd/mm/yy) ___/___/___ HEALTH CARE # _____ (Prov) M ❑ F ❑

SUBMITTING DOCTOR _____ CLINIC/HEALTH CENTRE _____ DIAGNOSIS _____

COPY OF REPORT TO: _____

Specimen Collection

Date: _____

Time: _____

By: _____

Antibiotics/Treatment: (specify) _____

ROUTINE CULTURE:

❑ **Throat** - R/O Group A strep
Penicillin Allergy? **Yes** ❑ **No** ❑
Treatment Failure? **Yes** ❑ **No** ❑

❑ **Sputum expectorated**

❑ **Eyes(s)** ❑ Left ❑ Right ❑ External (conjunctiva)
❑ Other (specify): _____

❑ **Ears(s)** ❑ Left ❑ Right
❑ External canal ❑ Middle ear drainage/fluid
❑ Other (specify): _____

❑ **Mouth / Gingiva / Tongue** (R/O Yeast)

❑ **Nose Culture** (R/O S.aureus carrier)

❑ **Blood Culture** number of sets drawn: _____

❑ **Fluid Culture** (specify site) _____

Clinical Information: _____

GENITAL TRACT SPECIMENS:

Vaginitis

❑ **Initial** (Smear only, to R/O BV and yeast)
❑ Chronic/recurrent yeast infection (smear and culture)
❑ Trichomonas vaginalis antigen*(swab)
❑ Other*
***MUST** indicate clinical information: _____

Group B Strep Screen (pregnancy only)

❑ Vagino-anorectal swab
Penicillin Allergy? **Yes** ❑ **No** ❑

Gonorrhoeae (GC) Culture (charcoal swab)

❑ *N.gonorrhoeae* culture *
Source/site: ❑Urethra ❑Cervix ❑Throat ❑Rectal ❑Other*
***MUST** indicate clinical information: _____

❑ ≤ 13 years * ❑ ≥ 60 years ❑ Toxic Shock Syndrome
❑ Pregnant ❑ Post-partum ❑ Post-surgical ❑ IUCD

SKIN/WOUND/ULCER/ABSCESS CULTURE:

MUST specify source/site: _____

❑ Superficial wound swab (< **2cm deep**)
❑ Deep wound swab (> **2cm deep**)

❑ Abscess ❑ Aspirate
❑ Ulcer ❑ Wound
❑ Bite ❑ Trauma
❑ Implanted Device ❑ Surgical
❑ Drainage ❑ Diabetic
❑ Chronic infection ❑ Compromised host

Clinical Information: _____

URINARY TRACT SPECIMENS:

Collection type:
❑ Midstream Urine ❑ in/out Catheter ❑ indwelling Catheter
❑ Other urine (specify):

Clinical Information: _____

❑ dysuria ❑ frequency ❑ pyuria ❑ pregnant ❑ kidney transplant

MULTI RESISTANT ORGANISMS:

MRSA Screen ❑ Nares ❑ Perianal ❑ Other: _____
VRE Screen ❑ Rectal ❑ Other: _____

STOOL SPECIMENS:

❑ *C.difficile* testing

FORM – [illegible] – 2013-07 Your information is protected under the WGH Privacy Policy 5 Hospital Road, Whitehorse, Yukon Y1A 3H7

HOLTER MONITOR

WHAT IS IT:
This is a machine that monitors your heart for a period of 24 hours. You wear the monitor while you maintain your current lifestyle. The monitor will record your heart's activity during this time period.

HOW TO PREPARE FOR THE TEST:

1. Wear a 2 piece outfit that is loose fitting and preferably buttons down the front
2. Shower prior to coming for the test - DO NOT use talc or powder
3. The appointment will take about 30 mins.
4. You will need to return at the same time the following day, with a diary of activities, to have the recorder removed.
5. If you are not able to keep your appointment please call the Laboratory at **393-8739**.

WHITEHORSE GENERAL HOSPITAL AND ST. PAUL'S HOSPITAL, VANCOUVER
HOLTER MONITOR REFERRAL FORM

TO BE COMPLETED BY PHYSICIAN:

APPOINTMENT DATE:_____ **TIME:**_____

WGH ID #:_____

NAME:_____

DOB:_____ YHIS:_____

PHONE (h):_____ (w)_____

PACEMAKER: ___NO ___YES ___VVI ___DDD ___AAI

CLINICAL PROBLEMS/REASON FOR TEST:_____

_____

MEDICATIONS:_____

_____

REFERRING PHYSICIAN:_____ _____
PLEASE PRINT (First and Last) SIGNATURE

LAB USE ONLY:
HOOK UP DATE:_____ TIME:_____

RECORDER #_____ TYPE:___ OXFORD ___ MARQUETTE

Sample

whitehorse general hospital

WGH Laboratory
Spirometry Requisition
Ph: (867)393-8739
Fax: (867)393-8772

Lab Use Only

Sample

Last Name / First Name	Patient Daytime Contact Phone #('s):
Date of Birth dd/mm/yy / Health Care #	Appointment: Date:
Submitting Doctor / Clinic	Time:
Copies of report to:	Arrive 10 mins. early to check in

Reason for testing:

☐ **For diagnosis**: withhold respiratory medications (see reverse)
Physician must provide specific instructions to patient

OR

☐ **Monitoring therapy**: continue respiratory medications

☐ **Spirometry** FVC, FEV_1, flow volume loop- no bronchodilator — Approx. 30 mins.

OR

☐ **Reversibility Testing** Pre- and Post- bronchodilator — Approx. 1 hour

Bronchodilator dosage: 4 x 100 mcg puffs of Salbutamol **self-administered** by metered-dose inhaler through aerochamber

Refer to the 2005 ATS/ERS Standards for Spirometry *http://www.thoracic.org/statements/resources/pfet/PFT2.pdf*

Contraindications for Spirometry

Postpone if the patient:
- -is experiencing an acute respiratory illness
- -has had a recent (within one month) heart attack
- -has had a recent stroke
- -has had recent eye, abdominal, thoracic surgery
- -has had a recent pneumothorax

Absolute Contraindications:
- -history of an aneurysm
- -uncontrolled hypertension

Ordering Physician's Signature: **Date:**

Referrals without a physician's signature will not be processed.

February 2013

Date received in Lab:

REFERRED OUT
TESTING REQUISITION

whitehorse general hospital

Ph: (867) 393-8739 fax: (867) 393-8772

Collection Date: _____
Collection Time: _____
Collected by: _____

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH (dd/mm/yy) _____ HEALTH CARE # _____ (Prov) M ☐ F ☐

of samples sent:

DOCTOR _____ CLINIC/NURSING STATION _____

COPY OF REPORT TO: _____

Diagnosis:

Patient fasting: Y N

Sample

St. Paul's Testing:

- ☐ A1A
- ☐ Anti Thrombin III
- ☐ Anti Thyroperoxidase
- ☐ APO A Lipoprotein (12h fast)
- ☐ APO B Lipoprotein (12h fast)
- ☐ B12 (fasting)
- ☐ C3
- ☐ C4
- ☐ Cortisol a.m. (0800 – 0830hr)
- ☐ Cortisol p.m. (1530 – 1600hr)
- ☐ Cortisol, random
- ☐ Cyclosporin
  _____ date of last dose
  _____ time of last dose
- ☐ CRP
- ☐ DHEA-S
- ☐ DRVVT-Russel Viper Venom (Lupus Anticoagulant)
- ☐ Estradiol
- ☐ Folate, serum (fasting)
- ☐ FSH
- ☐ FT3
- ☐ FT4
- ☐ Immunoglobulins
- ☐ IgA
- ☐ IgG
- ☐ IgM
- ☐ Homocysteine
- ☐ Ionized Calcium
- ☐ Lithium
  _____ date of last dose
  _____ time of last dose
- ☐ Lipase
- ☐ LH
- ☐ Phenobarbitol
  _____ date of last dose
  _____ time of last dose
- ☐ Progesterone
- ☐ Prolactin
- ☐ Protein C
- ☐ Protein Electropheresis
- ☐ Protein S
- ☐ PTH, intact
- ☐ RBC Folate (EDTA)
  Hct = _____
- ☐ Ristocetin co-factor
- ☐ Tacrolimus
  _____ date of last dose
  _____ time of last dose
- ☐ Testosterone
  (prior to 10:00 a.m.)
- ☐ Transferin Panel
  (iron, transferrin + saturation)
- ☐ Thyroglobulin (fasting)
- ☐ Valproic Acid
  _____ date of last dose
  _____ time of last dose

Vancouver Hospital: 0462;1

- ☐ ANA
- ☐ Anti cardiolipin IgG & IgM
- ☐ Anti DNA
- ☐ Anti smooth muscle Antibody
- ☐ Anti tissue transglutaminase
- ☐ ENA
- ☐ Factor V Leiden
- ☐ HLA B27 (need patient history)
- ☐ Lead, blood
- ☐ Sirolimus
  _____ date of last dose
  _____ time of last dose

BC Children's: C00631

- ☐ Amino Acids
- ☐ Ammonia
- ☐ Vitamin D, 25 Hydroxy
- ☐ IgE
- ☐ Mercury, blood

OTHER TESTING:

1. _____
2. _____
3. _____
4. _____

Urine testing:

_____ start date _____ end date

_____ start time _____ end time

_____ total volume in mls. _____ random sample

Preservative added Y N

Name of preservative_____ Volume _____mls

- ☐ Albumin/creatinine ratio
- ☐ Catecholamines (medication restrictions)
- ☐ Cortisol
- ☐ 5-Hydroxyindole acetic acid (5'HIAA) (restrictions)
- ☐ Lead *(special collection container)
- ☐ Mercury *(special collection container)
- ☐ VMA (requires diet restrictions)
- ☐ Zinc *(special collection container)

Lab Req # _____

FORM –8400270 – 2009-09

5 Hospital Road, Whitehorse, Yukon Y1A 3H7

PHSA Laboratories

A service of the Provincial Health Services Authority

655 W. 12th Avenue, Vancouver, BC Canada V5Z 4R4
Tel: Customer Service 1-877-747-2522 Fax: 604-708-8027

SAMPLE TYPE:
SERUM ☐
PLASMA ☐
FLUID ☐
TYPE: _____

SAMPLE DATE: _____

SAMPLE TIME: _____

PATIENT INFORMATION
(USE ADDRESSOGRAPH OR PRINT)

SURNAME | GIVEN NAME | INIT

D.O.B.(D/M/Y) | SEX

B.C. CARE CARD #

BCCA # (IF AGENCY PATIENT)

TUMOUR MARKER LAB REQUISITION

PRIORITY
Routine ☐ Stat ☐
ASAP ☐ results within 4 hours
Sample must be received in TML by 1300 hrs (not available for PAP/SCC)

Phlebotomists Initials:

DIAGNOSIS / SYMPTOMS:

PHYSICIAN / REFERRING LAB INFORMATION

Ordering Physician: _____ MSC# _____
Additional Physicians: _____ MSC# _____
Referring Lab / Hospital: WHITEHORSE GENERAL HOSPITAL: LABORATORY
Address: #5 HOSPITAL ROAD WHITEHORSE, YT Y1A 3H7
☒ Send copy

Sample

ADDITIONAL INFORMATION FOR BCCA PATIENTS

BCCA #: _____ SITE: ☐ VCC ☐ FVCC ☐ VICC ☐ CCSI
☐ Outpatient - Clinic: _____
☐ Inpatient - Hosp Unit: _____
☐ Consultative Clinic - Location: _____ (Outreach)

RESULTS DISPOSITION

☐ Phone ☐ Fax Results to: _____
☐ Mail Results to: Dr.: _____
Address: _____
☐ Send Copies to: Dr.: _____
Address: _____
Dr.: _____
Address: _____

HISTORY AND RELEVANT DATA

CURRENT TREATMENT
1 FOLLOW-UP PROGRAM
2 PRE-OP
3 POST-OP
4 PRE-TREATMENT
5 RADIOTHERAPY
6 CHEMOTHERAPY and/or HORMONES
7 PROTOCOL NAME: _____

CIRCLE CURRENT STATUS
8 NED - NO EVIDENCE OF DISEASE
9 STABLE
10 IMPROVEMENT
11 PROGRESSION
12 NYD - NOT YET DIAGNOSED
13 METASTATIC SITE: _____
14 RECURRENCE

IS PATIENT A SMOKER? _____ PPD? _____

Has patient received diagnostic or therapeutic monoclonal antibodies?
If so indicate Dose: _____
Date: _____

Additional Information, if any

CIRCLE	TEST	RESULT	METHOD	NORMAL S.I. UNITS	CIRCLE	TEST	RESULT	METHOD	NORMAL S.I. UNITS
1	CEA		Abbott Architect	< 4 ug/L	11	SCC		Abbott IMX	< 1.5 ug/L
2	AFP		Abbott Architect	< 11 ug/L	12	CA 15-3		Abbott Axsym	< 28 kU/L
3	B-HCG		Abbott Architect	< 5 IU/L	13	CA 125		Abbott Axsym	< 35 kU/L
4	TESTOSTERONE		Abbott Architect	M:<50yrs=5.8-30.7 nmol/L >50yrs=5.5-19.7 nmol/L	14				
5			Abbott IMX	< 2 ug/L	15	CA 19-9		Abbott Architect	< 37 kU/L
6	PSA - TOTAL		Abbott Architect	<50yrs = <2.5 ug/l 50-60yrs = <3.5 ug/l 60-70yrs = <4.5 ug/l 70yrs = <6.5 ug/l	16	B_2M		Abbott Axsym	< 2 mg/L
7	PSA - FREE		Abbott Architect	SUBJECT TO INTERPRETATION	17				
8	PSA - FREE VS TOTAL RATIO		Abbott Architect		18	PHENYTOIN		Abbott TDX	40-80 um/L
9					19				
10	METHOTREXATE		Abbott TDX	< 0.02 umol/L	21	CHROMOGRANIN A		Dako Elisa	< 40 U/L

Form # AT-1 Revised Jan/06 (60851) DATE REPORTED _____

Canadian Blood Services use only

CANADIAN BLOOD SERVICES – DIAGNOSTIC SERVICES
PERINATAL SCREEN REQUEST

Canadian Blood Services
it's in you to give

PLEASE NOTE: Blood samples are not collected at Canadian Blood Services (CBS)

All information must be complete or testing will not be performed

Sample

Maternal Information (Maternal Label – optional)	**To be Completed by Physician**
Surname of Mother	Hospital for Delivery (in full)
Given Name(s)	Unexpected antibodies present? Antibody(s) _____ CBS Reference no: _____
Date of Birth yyyy mmm dd	Expected Date of Delivery yyyy mmm dd
Personal Health Number PHN (or Unique number if no PHN)	RhIG given this pregnancy ☐ No ☐ Yes Date _____ Specimen collected before injection? ☐ No ☐ Yes

Paternal Information Mother's information must be complete when submitting Father's specimen

Surname of Father	Given Name(s)
Date of Birth yyyy mmm dd	Personal Health Number PHN (or Unique number if no PHN)

Physician / Midwife All information must be complete (Please indicate clinic name)
Results faxed within 72 hours of sample receipt

Physician name / Midwife Name Billing number	Physician name / Midwife Name Billing number
Address City Prov Postal Code	Address City Prov Postal Code
CLINIC NAME FAX Number Phone Number	CLINIC NAME FAX Number Phone Number

Copy to

Physician name / Midwife Name Billing number	Physician name / Midwife Name Billing number
Address City Prov Postal Code	Address City Prov Postal Code
CLINIC NAME FAX Number Phone Number	CLINIC NAME FAX Number Phone Number

Specimen Collection Label tubes with full name, PHN (or other unique number) and date of collection
Ensure that information on specimens EXACTLY matches information on requisition

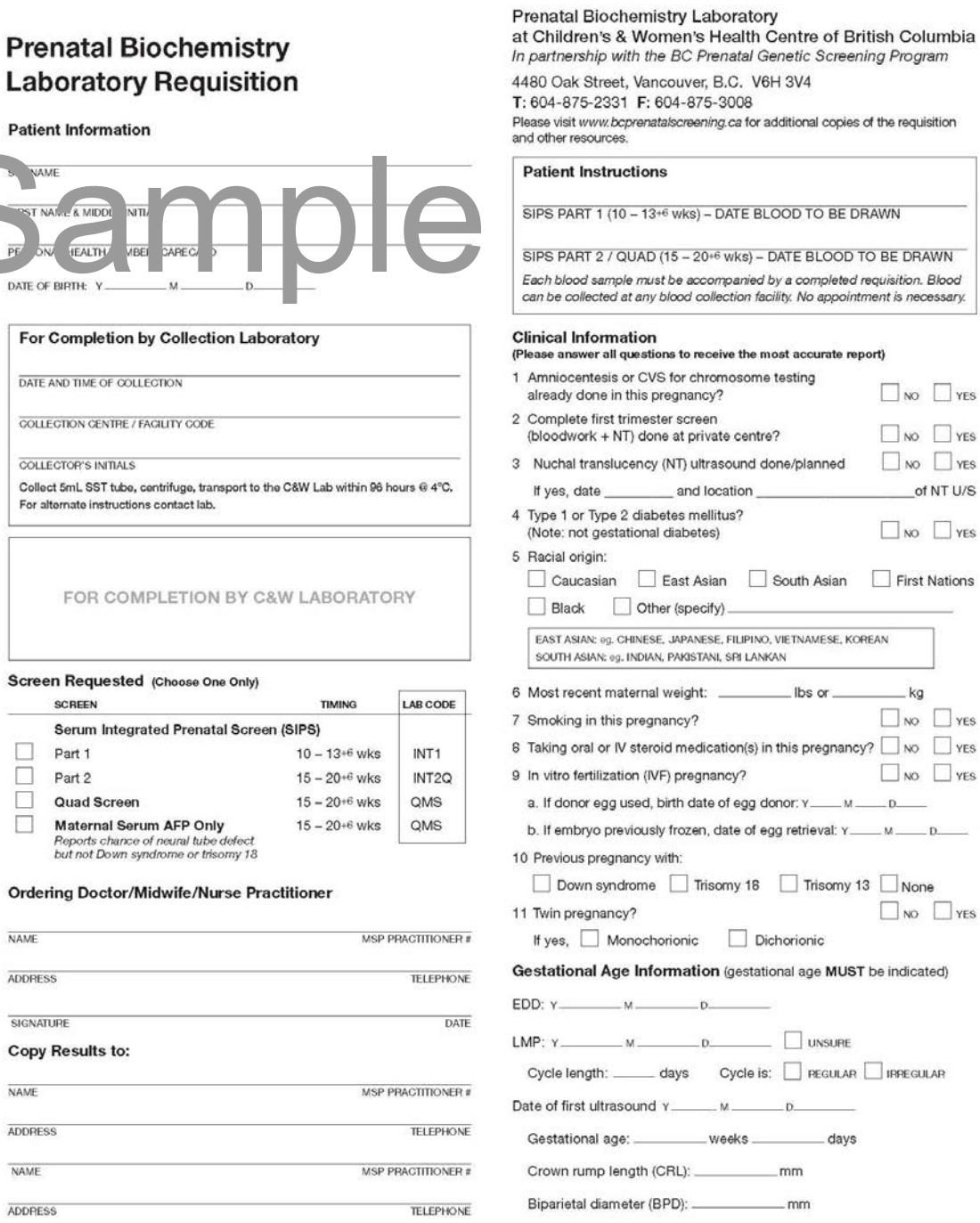
☐ Mother – Routine or Infertility Initial & 26 weeks Draw one 6 or 7mL EDTA	☐ Mother – Clinically Significant Antibody When requested by CBS Diagnostic Services Draw three 6 or 7mL EDTA	☐ Father – When requested by CBS Diagnostic Services Draw one 6 or 7mL EDTA
Date of Collection yyyy mmm dd	Collected by	Collection Facility

Canadian Blood Services, Diagnostic Services • Fax (604) 874-6582 Phone (604) 707- 3527
BC & Yukon Centre, 4750 Oak Street, Vancouver, BC, V6H 2N9

FV03583 2011-08-25 CS90 010V

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.

Current Requisition Form listed
here: http://www.blood.ca/CentreApps/Internet/uw_v502_mainengine.nsf/page/PerinatalServices?OpenDocument



Prenatal Biochemistry Laboratory Requisition

Patient Information

Sample

SURNAME

FIRST NAME & MIDDLE INITIAL

PERSONAL HEALTH NUMBER (CARECARD)

DATE OF BIRTH: Y ____ M ____ D ____

For Completion by Collection Laboratory

DATE AND TIME OF COLLECTION

COLLECTION CENTRE / FACILITY CODE

COLLECTOR'S INITIALS

Collect 5mL SST tube, centrifuge, transport to the C&W Lab within 96 hours @ 4°C.
For alternate instructions contact lab.

FOR COMPLETION BY C&W LABORATORY

Screen Requested (Choose One Only)

	SCREEN	TIMING	LAB CODE
	Serum Integrated Prenatal Screen (SIPS)		
☐	Part 1	10 – 13+6 wks	INT1
☐	Part 2	15 – 20+6 wks	INT2Q
☐	**Quad Screen**	15 – 20+6 wks	QMS
☐	**Maternal Serum AFP Only** *Reports chance of neural tube defect but not Down syndrome or trisomy 18*	15 – 20+6 wks	QMS

Ordering Doctor/Midwife/Nurse Practitioner

NAME — MSP PRACTITIONER #

ADDRESS — TELEPHONE

SIGNATURE — DATE

Copy Results to:

NAME — MSP PRACTITIONER #

ADDRESS — TELEPHONE

NAME — MSP PRACTITIONER #

ADDRESS — TELEPHONE

Prenatal Biochemistry Laboratory
at Children's & Women's Health Centre of British Columbia
In partnership with the BC Prenatal Genetic Screening Program

4480 Oak Street, Vancouver, B.C. V6H 3V4
T: 604-875-2331 **F:** 604-875-3008
Please visit *www.bcprenatalscreening.ca* for additional copies of the requisition and other resources.

Patient Instructions

SIPS PART 1 (10 – 13+6 wks) – DATE BLOOD TO BE DRAWN

SIPS PART 2 / QUAD (15 – 20+6 wks) – DATE BLOOD TO BE DRAWN

Each blood sample must be accompanied by a completed requisition. Blood can be collected at any blood collection facility. No appointment is necessary.

Clinical Information
(Please answer all questions to receive the most accurate report)

1 Amniocentesis or CVS for chromosome testing already done in this pregnancy? ☐ NO ☐ YES

2 Complete first trimester screen (bloodwork + NT) done at private centre? ☐ NO ☐ YES

3 Nuchal translucency (NT) ultrasound done/planned ☐ NO ☐ YES
If yes, date _____ and location _____ of NT U/S

4 Type 1 or Type 2 diabetes mellitus? (Note: not gestational diabetes) ☐ NO ☐ YES

5 Racial origin:
☐ Caucasian ☐ East Asian ☐ South Asian ☐ First Nations
☐ Black ☐ Other (specify) _____
EAST ASIAN: eg. CHINESE, JAPANESE, FILIPINO, VIETNAMESE, KOREAN
SOUTH ASIAN: eg. INDIAN, PAKISTANI, SRI LANKAN

6 Most recent maternal weight: _____ lbs or _____ kg

7 Smoking in this pregnancy? ☐ NO ☐ YES

8 Taking oral or IV steroid medication(s) in this pregnancy? ☐ NO ☐ YES

9 In vitro fertilization (IVF) pregnancy? ☐ NO ☐ YES
a. If donor egg used, birth date of egg donor: Y ____ M ____ D ____
b. If embryo previously frozen, date of egg retrieval: Y ____ M ____ D ____

10 Previous pregnancy with:
☐ Down syndrome ☐ Trisomy 18 ☐ Trisomy 13 ☐ None

11 Twin pregnancy? ☐ NO ☐ YES
If yes, ☐ Monochorionic ☐ Dichorionic

Gestational Age Information (gestational age **MUST** be indicated)

EDD: Y ____ M ____ D ____

LMP: Y ____ M ____ D ____ ☐ UNSURE
Cycle length: ____ days Cycle is: ☐ REGULAR ☐ IRREGULAR

Date of first ultrasound Y ____ M ____ D ____

Gestational age: ____ weeks ____ days

Crown rump length (CRL): ____ mm

Biparietal diameter (BPD): ____ mm

The BC Prenatal Genetic Screening Program is part of the Provincial Health Services Authority's Perinatal Services BC. The personal information collected here, and as part of any future prenatal diagnostic testing you may undergo in BC, is used to provide safer, more accurate tests, measure outcomes, and evaluate and disseminate new evidence / knowledge. The Program collects and protects personal information under the authority of Section 26 (c) of the Freedom of Information and Protection of Privacy Act. Should you have any questions regarding the collection, use or disclosure of your personal information, please contact the BC Prenatal Genetic Screening Program at (604) 875-3772. Additional information is also available on our website at: www.bcprenatalscreening.ca.

Current Requisition Form listed here:

http://www.bcprenatalscreening.ca/sites/prenatal2/files/Prenatal_Biochemistry_Lab_Req_v2.pdf

BC Cancer Agency
CARE + RESEARCH

Gynecological Cytology Requisition Form

Provincial Health Services Authority
Province-wide solutions. Better health.

Complete and proper labelling of the specimen and requisition ensures the most timely and quality patient care.
Sections in red are required information

Sample

Practitioner / Clinic MSC # Responsible for Follow-up		Follow-up Practitioner Name and Address	
Sample Provider MSC #	Sample Provider Name		
Patient PHN	Patient DOB (dd/mm/yyyy)	Copy to MSC # & Name	Copy to MSC # & Name
Patient Last Name	Patient First Name & Initials	Patient Previous Last Name	Cytology Lab ID
Smear Date (dd/mm/yyyy)	LMP Date (dd/mm/yyyy)	HPV Vaccination ☐ No ☐ Yes	

SMEAR SITE:

- ☐ Cervix (ectocervix/endocervix)
- ☐ Lateral Vaginal Wall
- ☐ Vagina vault

CLINICAL INFORMATION:

- ☐ Abnormal Bleeding ☐ Suspicious Lesion ☐ Using IUD
- ☐ Post Menopausal ☐ Post Partum ☐ Pregnant

Hormonal Therapy (Tick all that apply)

- ☐ Estrogen ☐ Progesterone ☐ Other

Collection Method:

- ☐ Brush ☐ Broom Device ☐ Spatula

UTERINE PROCEDURES:

- ☐ Colposcopy ☐ Bite Biopsy
- ☐ Cone Biopsy ☐ LEEP
- ☐ Cryotherapy ☐ Laser
- ☐ Pelvic Radiation
- ☐ Total Hysterectomy (Uterus and Cervix removed)

Date of Hysterectomy (yyyy) ☐

Hysterectomy Reason

☐ Benign ☐ Malignant (Cervix) ☐ Malignant (Other)

CLINICAL COMMENTS

DELIVER SAMPLES TO	CONTACT	LABORATORY USE ONLY
Cervical Cancer Screening Laboratory Central Processing and Receiving 655 West 12th Avenue Vancouver, BC V5Z 4R4	Telephone: 1-877-747-2522 (1-877-PHSA LAB) Fax: (604) 707-2601 Supplies: fax (604) 707-2606	

Gynecological Cytology Requisition 00050902 (Rev. November 2011)

Electronic Version available on
http://www.bccancer.bc.ca/HPI/labservices/PathologyRequestForms.htm

Current Requisition Form listed here:

http://www.bccancer.bc.ca/HPI/labservices/PathologyRequestForms.htm

VIROLOGY and REFERENCE LABORATORY St. Paul's Hospital 6th Floor, Burrard Bld. 1081 Burrard St. Vancouver, B.C. V6Z 1Y6 Ph: 604-806-8420	Name_____ Last First DOB: _____ SEX: F Day Mon Year Healthcare # _____
Date of Collection:_____ Day Month Year	
Chlamydia + GC PCR ☐ Cervix ☐ Urine ☐ Endocervix ☐ Urethral	Doctor:_____ Ph:_____ Billing#_____ Copies to:_____
Shipper: Whitehorse General Hospital Laboratory # 5 Hospital Rd Whitehorse, YT Y1A 3H7	Clinical Data: Pregnancy: weeks gestation_____ Date of onset of disease: _____ Diagnosis (provisional)_____
Date Received: / Lab Code:	Blood Borne Precautions: Y N

Sample

Current Requisition Form listed here:

http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/Testing-Requisitions/Diagnostic.htm

SER SER

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Serology Screening Requisition

Section 1 - Patient Information and Physician Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province)	DATE COLLECTED (DD/MMM/YYYY)	TIME COLLECTED (HH:MM)	ORDERING PHYSICIAN (Provide MSC#) Name and address of report delivery
PATIENT SURNAME	PATIENT FIRST AND MIDDLE NAME		
DOB (DD/MMM/YYYY)	GENDER ☐ M ☐ F ☐ UNK		☐ I do not require a copy of the report
ADDRESS			ADDITIONAL COPIES TO: (Address / MSC#) 1.
CITY / TOWN	POSTAL CODE		
SAMPLE REFERENCE NO.			3.

Sample

Section 2 - Clinical Information

Clinical Information

☐ Asymptomatic ☐ Gastrointestinal symptoms
☐ Headache / Stiff neck ☐ Respiratory symptoms
☐ Rash symptoms ☐ STD contact ☐ STD symptoms
☐ Fever ☐ Other, specify: _____

Reason for test

☐ Therapeutic monitoring ☐ NEEDLESTICK
☐ Immigration ☐ Acute ☐ Convalescent
☐ Prenatal ☐ Outbreak/Cluster/Event
☐ Follow-up ☐ Other, specify: _____

Recent Travel (Date/Location)	Onset Date DD/MMM/YYYY	History

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

PRENATAL SCREENING

HIV Nominal Reporting	☐ HIV
HIV Non-Nominal Reporting	☐ HIV
HBsAg	☐ HBVP
Rubella IgG	☐ RUBIG
Syphilis Screen	☐ TPS

Other Tests, specify: _____

EDC: _____

Hospital of Delivery: _____

SYPHILIS (Non Prenatal)

Syphilis Screen	☐ TPS
Syphilis Confirmatory	☐ TPSC

History (Required for confirmatory testing):

HIV (Non Prenatal)

Note: Patient has legal right to choose nominal or non-nominal reporting of Positive HIV to MHO

HIV Nominal Reporting	☐ HIV
HIV Non-Nominal Reporting	☐ HIV

HEPATITIS

Acute - undefined etiology

HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM	☐ HEPS

Chronic - undefined etiology

HBsAg, Anti-HBc Total Anti-HBs, Anti-HCV	☐ HEPCH HBVSAG
Hepatitis B Screen HBsAg, Anti-HBs, Anti-HBc Total	☐ HBVSAG

Specific Hepatitis Markers

Anti-hepatitis A Total (Immune Status)	☐ HAVT
Anti-hepatitis A IgM (Acute Infection)	☐ HAVIM
Anti-HBs (Immune Status)	☐ HBVSAB
Anti-HBc Total (Natural Infection)	☐ HBCT
Anti-HBc IgM (Acute Infection)	☐ HBCIM
HBeAg (Therapeutic Monitoring)	☐ HEBEAG
Anti-HBe (Therapeutic Monitoring)	☐ HEBEAB
Anti-HCV	☐ HEPC

OTHER SEROLOGY

Immunity		Acute	
Measles IgG (Rubeola)	☐ MIG	Measles IgM (Rubeola)	☐ MIM
Mumps IgG	☐ MUIG	Mumps IgM	☐ MUIM
Parvo B19 IgG	☐ PARVG	Parvo B19 IgM	☐ PARVM
Rubella IgG	☐ RUBIG	Rubella IgM	☐ RUBIM
EBV IgG	☐ EBGS	EBV IgM	☐ EBMS
CMV IgG	☐ CMVIG	CMV IgM	☐ CMVIM
Varicella IgG	☐ VZIG	HTLV I / II	☐ AHTLV
HSV IgG	☐ HSVIG	*H. pylori* IgG	☐ HPGS
Mycoplasma IgM	☐ MPIM		

OTHER TESTS (Specify)

COMMENTS

For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's *Guide to Programs and Services* at www.phsa.ca/bccdcpublichealthlab

For information on sample collection, please call the Central Processing & Receiving Lab at 1-877-PHSALAB Form CPSE_100_1001F Version 1.1 09/2009

SER SER

Current Requisition Form listed here:

http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/Testing-Requisitions/Diagnostic.htm

PARA PARA

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BCV5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Parasitology Requisition

Sample

Section 1 - Patient Information

PERSONAL HEALTH NUMBER (for out-of province Health Number and province) | DOB (DD/MMM/YYYY) | GENDER ☐ M ☐ F ☐ UNK

PATIENT SURNAME | PATIENT FIRST AND MIDDLE NAME

ADDRESS | CITY | POSTAL CODE

DATE RECEIVED

PHSA LABORATORIES USE ONLY

OUTBREAK ID

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN
Name and address of report delivery

☐ I do not require a copy of the report

ADDITIONAL COPIES TO
1.
2.
3.

CLINIC OR HOSPITAL
Name and address of report delivery

PHSA CLIENT NO.

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY)

TIME COLLECTED (HH:MM)

Section 3 - Test(s) Requested

OVA & PARASITES

Sample
☐ Feces ☐ Urine

Signs / Symptoms
☐ Asymptomatic
☐ Diarrhea ☐ Fever ☐ Other _____
Duration: _____ days
☐ High Risk Setting (see reverse)
☐ Immigration (specify below)
☐ Travel within past 12 months, specify below:
_____
_____

SPECIAL TESTS

*Consultation required (604) 707-2629
☐ *Strongyloides* Concentration / Isolation*
☐ ELISA (Amoebiasis)
☐ *Schistosoma* Hatch Test (Viability)*

PINWORM

Sample
☐ Sticky paddle (preferred)
☐ Anal swab
☐ Transparent scotch tape

For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's *Guide to Programs and Services* at www.phsa.ca/bccdcpublichealthlab

BLOOD & TISSUE PARASITES

Microscopic Examination Request For
Malaria ☐ Diagnosis ☐ Confirmation
☐ Other, specify: _____

Referring Lab Test Results For Malaria
☐ Positive Thin and/or Thick smear ☐ Negative Thin and/or Thick smear
☐ Positive dipstick (Rapid Test) ☐ Negative dipstick (Rapid Test)
☐ Dipstick (Rapid Test) not done

Sample
☐ Thick & Thin blood smear(s) ☐ Thick blood smear(s)
☐ EDTA blood ☐ Thin blood smear(s)
☐ Tissue/Biopsy, specify: _____
☐ Body fluid, specify: _____
☐ Other, specify: _____

Culture For
☐ *Acanthamoeba* species ☐ *Leishmania* species
☐ Other, specify: _____

Signs / Symptoms
☐ Asymptomatic ☐ Fever ☐ Skin lesion ☐ Eye
☐ Other, specify: _____
☐ Immigration, specify below
☐ Travel within past 12 months, specify below:
_____
_____

PARASITE IDENTIFICATION

Sample
☐ Worm ☐ Proglottid
☐ Other, specify:
_____
_____
☐ Tick

Sources Of Tick
☐ Human ☐ Dog ☐ Cat
☐ Other, specify:
_____
_____

Name of Pet / Owner (IF NOT noted as the patient above)
_____

Signs / Symptoms
☐ Asymptomatic ☐ Fever
☐ Rash (type)
_____
☐ Other, specify:
_____
_____

☐ Travel within past 12 months, specify below:
_____
_____

For information on sample collection, please call Parasitology Lab at (604) 707-2629

Form DCPA_100_1001F Version 1.0 09/2009

PARA PARA

Current Requisition Form listed here:

http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/Testing-Requisitions/Diagnostic.htm

VI VI

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BCV5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Virology Requisition

Sample

Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out... alth Number and province)	DOB (DD/MMM/YYYY)	GENDER ☐ ☐ F ☐ UNK	DATE RECEIVED
PATIENT SURNAME	P...ENT ...ST A... MI...LE NA...E		PHSA LABORATORIES USE ONLY
ADDRESS	C...Y	P...TAL CO...E	

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#) Name and address of report delivery ☐ I do not require a copy of the report	ADDITIONAL COPIES TO: (Address / MSC#) 1.	OUTBREAK ID
CLINIC OR HOSPITAL Name and address of report delivery PHSA CLIENT NO.	2. 3.	SAMPLE REF. NO. DATE COLLECTED (DD/MMM/YYYY) TIME COLLECTED (HH:MM)

Section 3 - Test(s) Requested

PATIENT STATUS
☐ Hospital inpatient ☐ ER patient
☐ History of contact with infection
☐ Travel history _____

SIGNS / SYMPTOMS
Date of Onset: _____ (DD/MMM/YYYY)
☐ Asymptomatic ☐ Cough
☐ Fever ☐ Rash
☐ Upper Respiratory Infection ☐ Lower Respiratory Infection
☐ Other, specify: _____

RESPIRATORY VIRUSES
☐ Nasopharyngeal swab ☐ Nasal swab
☐ Bronchoalveolar lavage ☐ Nasal wash
☐ Other, specify: _____
Tested by / POC for:
Influenza A ○ Positive ○ Negative
Influenza B ○ Positive ○ Negative
RSV ○ Positive ○ Negative

HERPES VIRUSES
☐ Genital lesion for HSV ☐ Non-genital lesion for HSV
☐ Skin swab for Varicella-Zoster
☐ Other, specify: _____
Urine for:
☐ Cytomegalovirus

GASTROINTESTINAL VIRUSES
Feces* for:
☐ Rotavirus/Adenovirus
☐ Norovirus
☐ Other, specify: _____
*Guideline for Ordering Stool Specimens
www.bcguidelines.ca/gpac/guideline_diarrhea.html

HEPATITIS VIRUSES
Blood for:
☐ Qualitative HCV RNA (diagnosis)
☐ Quantitative HCV RNA (treatment only)
☐ Baseline ☐ Week, specify: _____
☐ HCV Genotyping

ENCEPHALITIS / MENINGITIS
Cerebrospinal Fluid for:
☐ Encephalitis (e.g. HSV-1, West Nile Virus)
☐ Meningitis (HSV-2, Enterovirus)
☐ Other, specify: _____

MEASLES / RUBELLA VIRUSES
☐ Measles ☐ Rubella
☐ Urine
☐ Nasal / Nasopharyngeal swab
☐ Other, specify: _____

For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's *Guide to Programs and Services* at www.phsa.ca/bccdcpublichealthlab

MUMPS VIRUSES
☐ Buccal swab ☐ Urine

BIOPSY / AUTOPSY / OTHER TESTS
☐ Specify: _____

DATE INOC. — PHSA LABORATORIES USE ONLY

DATE	DAY	A549	MK		

For information on sample collection, please call Virus Isolation Lab at (604) 707-2623 Form DCVI_100_1001F Version 1.0 09/2009

VI VI

Current Requisition Form listed here:

http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/Testing-Requisitions/Diagnostic.htm



BAM

BAM

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

Bacteriology & Mycology Requisition

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Sample

Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out province Health Number and province) | DOB (DD/MMM/YYYY) | GENDE F UNK | DATE RECEIVED

PATIENT SURNAME | PATIENT FIRST AND MIDDLE NAME

ADDRESS | CITY | POSTAL CODE | PHSA LABORATORIES USE ONLY

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#)
Name and address of report delivery

☐ I do not require a copy of the report

CLINIC OR HOSPITAL
Name and address of report delivery
Whitehorse General Hospital
5 hospital Road
Whitehorse, YT Y1A 3H7

PHSA CLIENT NO. C00631

ADDITIONAL COPIES TO: (Address / MSC#)
1.
2.
3.

OUTBREAK ID

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY)

TIME COLLECTED (HH:MM)

Section 3 - Test(s) Requested

USE REVERSE SIDE TO SUBMIT ISOLATES FOR IDENTIFICATION AND/OR TYPING

SEXUALLY TRANSMITTED INFECTIONS

Samples for Chlamydia Plus Gonorrhea NAT
☐ Swab ☐ Urine
☐ Urethra ☐ Cervix
☐ Rectal ☐ Throat

Swabs for *N. gonorrhoeae* Culture
☐ Urethra ☐ Cervix ☐ Rectal
☐ Throat ☐ Eye ☐ Vagina (Hysterectomy)

Direct Smears Examined For
☐ Vagina 1 (Slide 1) Bacterial vaginosis and yeast
☐ Vagina 2 (Slide 2) *Trichomonas*
☐ Urethra Gonorrhea and pus cells
☐ Rectal Gonorrhea
☐ Eye Gonorrhea

Chlamydia DFA
☐ Eye swab
☐ Nasopharyngeal aspirate OR swab (Neonates only)
☐ Tracheobronchial aspirate (Neonates only)

For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's *Guide to Programs and Services* at www.phsa.ca/bccdcpublichealthlab

RESPIRATORY INFECTIONS

Pertussis
☐ Nasopharyngeal (Pernasal) swab
☐ Nasopharyngeal wash

Group A *Strep* ☐ Clinical case ☐ Contact with case
☐ Throat swab

Diptheria ☐ Clinical case ☐ Contact with case
☐ Throat swab ☐ Nose swab

Legionella ☐ Bronchoalveolar lavage ☐ Sputum
☐ Bronchial aspirate
☐ Other, specify: _____

MYCOLOGY

☐ Sputum
☐ Bronchial wash
☐ Body fluid, specify: _____
☐ Tissue / Biopsy / Abscess, specify: _____
☐ Other, specify: _____

TRAVEL: ☐ YES, specify: _____ ☐ NO

CLINICAL INFORMATION: _____

GASTROINTESTINAL INFECTIONS

Feces* Sample
☐ Culture and verotoxin
☐ Verotoxin only

Symptoms
Duration: _____ days
☐ Watery diarrhea
☐ Bloody diarrhea
☐ Fever
☐ Other _____

Urine Sample
☐ Culture for *Salmonella* (Follow up for Salmonellosis)

CLINICAL / TRAVEL INFORMATION
☐ Food poisoning/Outbreak ☐ Contact with case
☐ Post infection follow up ☐ Antibiotic usage

TRAVEL: ☐ YES, specify: _____ ☐ NO

Immigration (specify country of origin): _____

*Guideline for Ordering Stool Specimens
www.bcguidelines.ca/gpac/guideline_diarrhea.html

OTHER TESTS

Consult with Bacteriology & Mycology Laboratory before ordering at 604-707-2617

Sample Type: _____

Test Requested: _____

ADDITIONAL CLINICAL / TRAVEL INFORMATION: _____

For information on sample collection, please call Bacteriology & Mycology Lab at (604) 707-2617

Form DCBM_100_1001F Version 1.0 08/2009
00055689

BAM

BAM

Current Requisition Form listed here:

http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/Testing-Requisitions/Diagnostic.htm

TB TB

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Mycobacteriology / TB Requisition

Sample

Section 1 - Patient Information

PERSONAL HEALTH NUMBER (most of province Health Number and province)	DOB (DD/MMM/YYYY)	GENDER ☐ M ☐ F ☐ UNK
PATIENT SURNAME	[illegible]	
ADDRESS	CITY	POSTAL CODE

DATE RECEIVED

PHSA LABORATORIES USE ONLY

OUTBREAK ID

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#)
Name and address of report delivery

☐ I do not require a copy of the report

CLINIC OR HOSPITAL
Name and address of report delivery

PHSA CLIENT NO.

ADDITIONAL COPIES TO: (Address / MSC#)

1.

2.

3.

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY)

TIME COLLECTED (HH:MM)

Section 3 - Test(s) Requested

SAMPLES FOR AFB SMEAR AND MYCOBACTERIUM CULTURE

INDICATE SAMPLE TYPE

- ☐ Sputum
- ☐ Bronchial wash
- ☐ Tissue, specify source: _____
- ☐ Body fluid, specify source: _____
- ☐ Gastric wash (buffered)
- ☐ Urine
- ☐ Blood
- ☐ Feces (Clinical history is mandatory)
- ☐ Other sample, specify: _____

Special Test Requests*: _____

*Consultation required, please call Program Head at (604) 707-2616

INTER-LABORATORY SAMPLES

SAMPLES FOR MYCOBACTERIUM NUCLEIC ACID TESTING

Has sample been digested? ☐ Yes ☐ No

Has sample been concentrated? ☐ Yes ☐ No

Acid fast smear result: _____

Specify source: _____

CULTURES OF MYCOBACTERIUM

Date culture became positive: _____

Specify source: _____

Special Test Requests*: _____

*Consultation required, please call Program Head at (604) 707-2616

EXPOSURE / TREATMENT HISTORY

- ☐ Exposure to active TB case
- ☐ Exposure to MDR or XDR-TB
  - Specify country of exposure: _____
- ☐ Member of high risk group
  - Specify: _____
- ☐ Positive TB skin test or interferon-gamma release assay

CLINICAL HISTORY

_____

_____

_____

_____

For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's *Guide to Programs and Services* at

www.phsa.ca/bccdcpublichealthlab

For information on sample collection, please call Mycobacteriology / TB Lab at (604) 707-2630

Form PHTB_100_1001F Version 3.0

TB TB

Current Requisition Form listed here:

http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/Testing-Requisitions/Diagnostic.htm

GIOB GIOB

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

Gastrointestinal Disease Outbreak Requisition

BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BCV5Z 4R4 www.phsa.ca/bccdcpublichealthlab

Sample

Section 1 - Patient Information

PERSONAL HEALTH NUMBER (or out-of province Health Number and province) | DOB (DD/MMM/YYYY) | GENDER ☐ M ☐ F ☐ UNK | DATE RECEIVED

PATIENT SURNAME | PATIENT FIRST NAME | MIDDLE NAME

ADDRESS | CITY | POSTAL CODE | PHSA LABORATORIES USE ONLY

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN (Provide MSC#)
Name and address of report delivery
☐ I do not require a copy of the report

CLINIC OR HOSPITAL
Name and address of report delivery
PHSA CLIENT NO.

ADDITIONAL COPIES TO: (Address / MSC#)
1.
2.
3.

OUTBREAK ID

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY)

TIME COLLECTED (HH:MM)

Section 3 - Outbreak Information

OUTBREAK IDENTIFICATION: _____
Outbreak ID is specific to the event/facility/hospital ward followed by the year (e.g. Boardwalk Place 2009), as per instructions on page 2 of the *GI Outbreak Notification Form*

SUSPECTED ETIOLOGICAL AGENT: _____

Section 4 - Test Information

TEST REQUESTED

☐ Viral / Bacterial Outbreak Test (do not use SAF vial)
☐ Ova & Parasitic Test (use SAF vial)
☐ Other, specify: _____

SAMPLE TYPE

☐ Feces ☐ Vomitus
☐ Other, specify: _____

For other available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's *Guide to Programs and Services* at www.phsa.ca/bccdcpublichealthlab

SIGNS / SYMPTOMS

☐ Diarrhea: ☐ Watery ☐ Bloody ☐ Persistent
☐ Vomiting
☐ Abdominal cramps
☐ Fever
☐ Other, specify: _____

ADDITIONAL INFORMATION

☐ Initial sample ☐ Follow-up sample
☐ Food handler ☐ Staff member
☐ Recent travel, specify: _____
☐ Current antibiotics, specify: _____
☐ Other, specify: _____

INSTRUCTIONS FOR SAMPLE COLLECTION / SUBMISSION

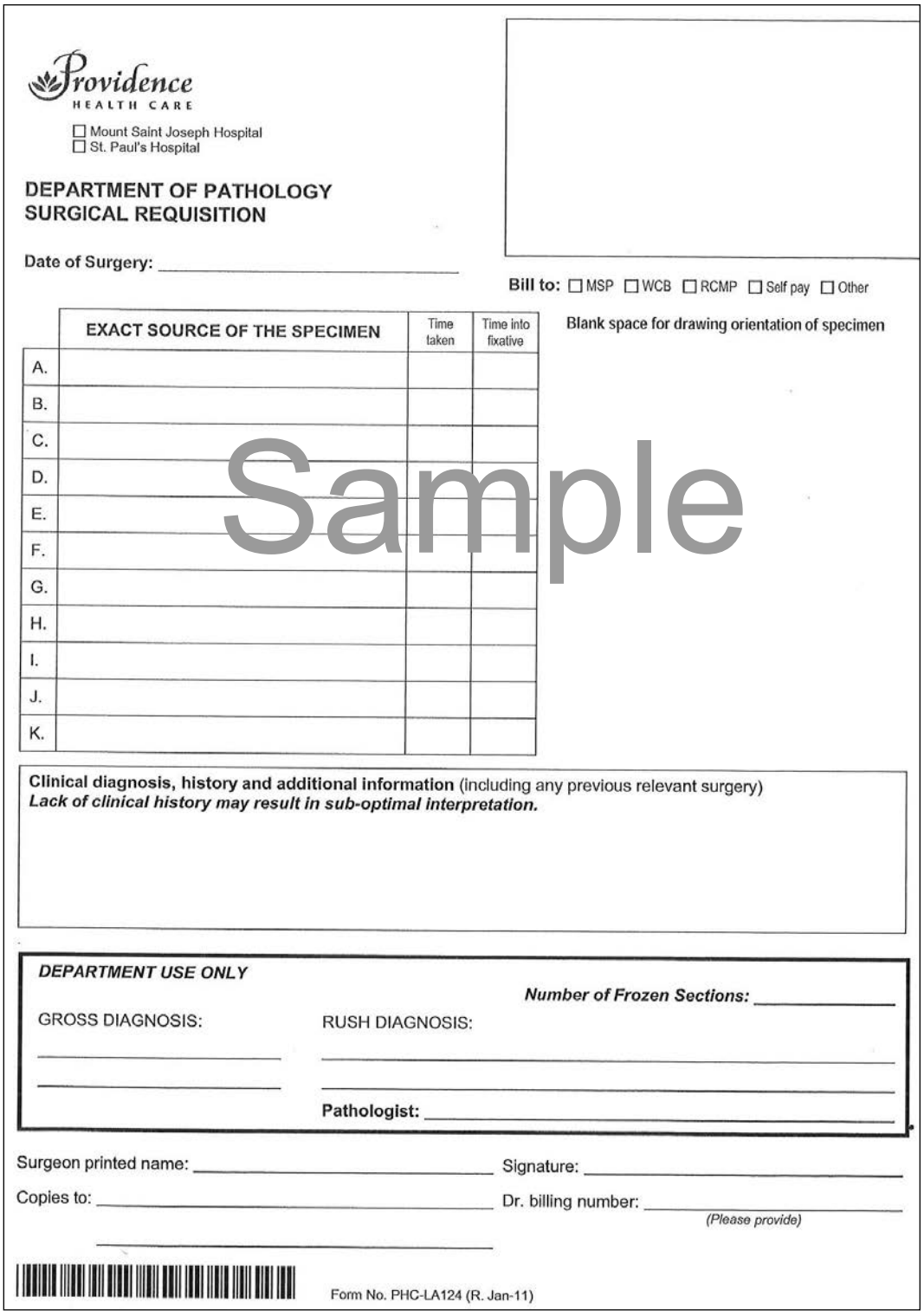
1. Label vial with patient name before collecting sample.
2. Pass feces or vomitus into a clean container avoiding contamination from urine or water from toilet.
3. Use a **dry** sterile vial and fill up to the line indicated.
4. Replace and tighten cap.
5. Place vial in the biohazard bag and completed requisition in the outside pocket. Do not place the requisition inside the biohazard bag containing the specimens.
6. Ova and Parasite Testing: Fill **red-capped vial** (with SAF) with 2-3 spoonfuls of feces to the line indicated and mix well. **Red-capped vial (with SAF) is not a suitable specimen for Viral/Bacterial Outbreak Test.**
7. Return to Health Unit or BCCDC Public Health Microbiology & Reference Laboratory at 655 W. 12th Avenue, Vancouver BC V5Z 4R4 as soon as possible.
8. Keep specimens at 10°-20°C for immediate (same day) delivery, otherwise, refrigerate at 4°C before transport with ice pack.
9. Do not freeze sample.

For information on sample collection, please call Environmental Microbiology Lab at (604) 707-2611 **Form DCFP_102_1001F2 Version 1.0 09/2009**

GIOB GIOB

Current Requisition Form listed here:

http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/Testing-Requisitions/Diagnostic.htm



Providence HEALTH CARE

☐ Mount Saint Joseph Hospital
☐ St. Paul's Hospital

DEPARTMENT OF PATHOLOGY
SURGICAL REQUISITION

Date of Surgery: _____

Bill to: ☐ MSP ☐ WCB ☐ RCMP ☐ Self pay ☐ Other

	EXACT SOURCE OF THE SPECIMEN	Time taken	Time into fixative
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			

Blank space for drawing orientation of specimen

Sample

Clinical diagnosis, history and additional information (including any previous relevant surgery)
Lack of clinical history may result in sub-optimal interpretation.

DEPARTMENT USE ONLY

Number of Frozen Sections: _____

GROSS DIAGNOSIS: _____

RUSH DIAGNOSIS: _____

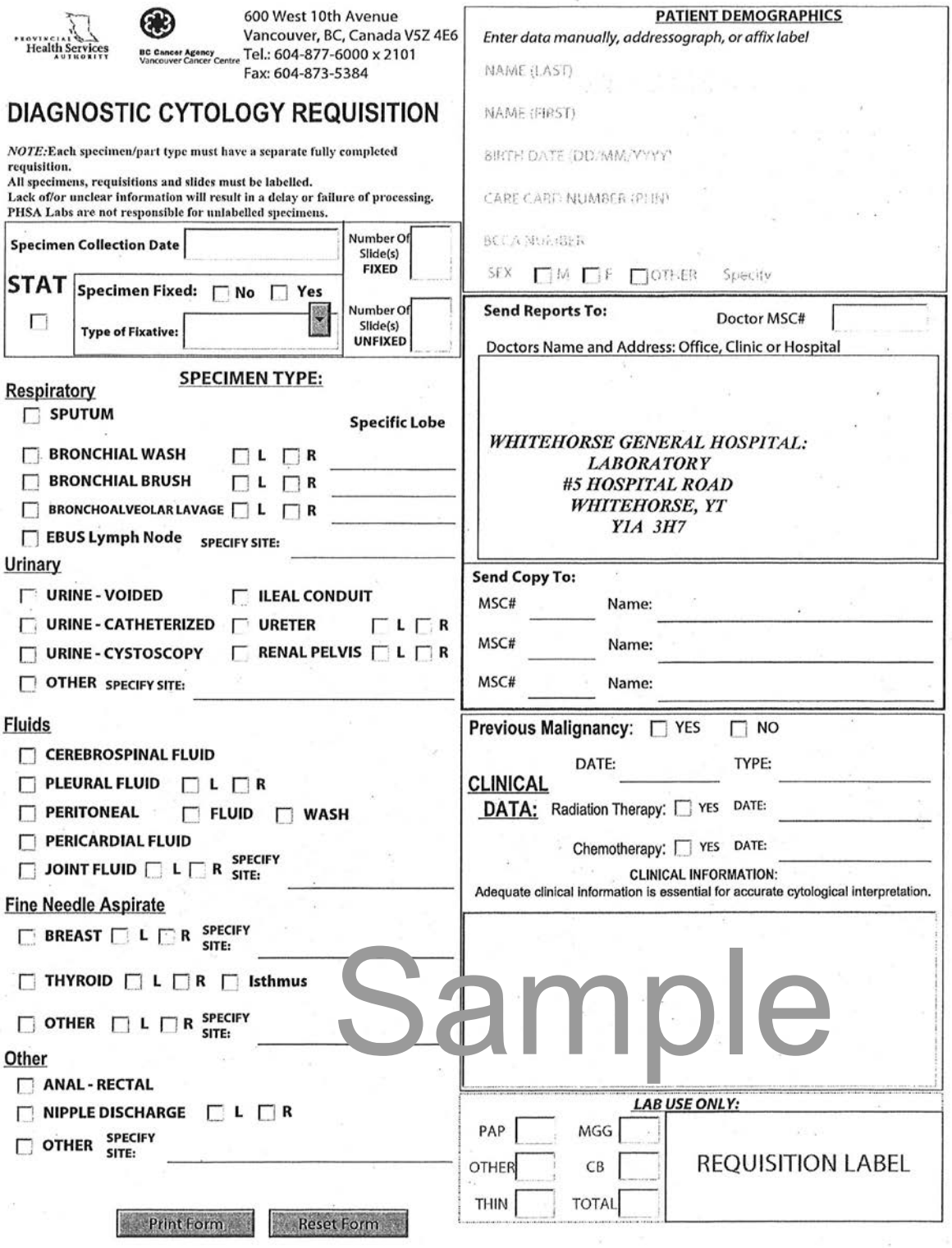
Pathologist: _____

Surgeon printed name: _____ Signature: _____

Copies to: _____ Dr. billing number: _____
(Please provide)

Form No. PHC-LA124 (R. Jan-11)

Current Requisition Form available from the WGH Laboratory



Provincial Health Services Authority
BC Cancer Agency Vancouver Cancer Centre

600 West 10th Avenue
Vancouver, BC, Canada V5Z 4E6
Tel.: 604-877-6000 x 2101
Fax: 604-873-5384

DIAGNOSTIC CYTOLOGY REQUISITION

NOTE: Each specimen/part type must have a separate fully completed requisition.
All specimens, requisitions and slides must be labelled.
Lack of/or unclear information will result in a delay or failure of processing.
PHSA Labs are not responsible for unlabelled specimens.

Specimen Collection Date

STAT

Specimen Fixed: No Yes

Type of Fixative:

Number Of Slide(s) FIXED

Number Of Slide(s) UNFIXED

PATIENT DEMOGRAPHICS

Enter data manually, addressograph, or affix label

NAME (LAST)

NAME (FIRST)

BIRTH DATE (DD/MM/YYYY)

CARE CARD NUMBER (PHN)

BCCA NUMBER

SEX M F OTHER Specify

SPECIMEN TYPE:

Respiratory

SPUTUM — Specific Lobe

BRONCHIAL WASH L R

BRONCHIAL BRUSH L R

BRONCHOALVEOLAR LAVAGE L R

EBUS Lymph Node SPECIFY SITE:

Urinary

URINE - VOIDED ILEAL CONDUIT

URINE - CATHETERIZED URETER L R

URINE - CYSTOSCOPY RENAL PELVIS L R

OTHER SPECIFY SITE:

Fluids

CEREBROSPINAL FLUID

PLEURAL FLUID L R

PERITONEAL FLUID WASH

PERICARDIAL FLUID

JOINT FLUID L R SPECIFY SITE:

Fine Needle Aspirate

BREAST L R SPECIFY SITE:

THYROID L R Isthmus

OTHER L R SPECIFY SITE:

Other

ANAL - RECTAL

NIPPLE DISCHARGE L R

OTHER SPECIFY SITE:

Print Form Reset Form

Send Reports To: Doctor MSC#

Doctors Name and Address: Office, Clinic or Hospital

WHITEHORSE GENERAL HOSPITAL:
LABORATORY
#5 HOSPITAL ROAD
WHITEHORSE, YT
Y1A 3H7

Send Copy To:

MSC# Name:

MSC# Name:

MSC# Name:

Previous Malignancy: YES NO

DATE: TYPE:

CLINICAL DATA: Radiation Therapy: YES DATE:

Chemotherapy: YES DATE:

CLINICAL INFORMATION:

Adequate clinical information is essential for accurate cytological interpretation.

Sample

LAB USE ONLY:

PAP MGG

OTHER CB

THIN TOTAL

REQUISITION LABEL

Current Requisition Form listed here:

http://www.bccancer.bc.ca/NR/rdonlyres/299F69DD-84C0-4856-9026-0D0D31B78F74/52600/DiagnosticCytologyrequisition3.pdf

BCBiomedical LABORATORIES LTD.
Tel: 604-507-5000
Fax: 604-507-5200

Dr. C.J. Coady Associates
Consultants in Laboratory Medicine

SPECIFIC ALLERGEN IgE REQUEST FORM

Sample

Patient's Last Name | First Name | Practitioner # | Ordering Physician

Date | Billing # | Address of Ordering Physician

The following information must be supplied:

MSP guidelines require that generally no more than 5 allergens be tested as an insured benefit within a 12 month period and patients must be in one of the following categories for serum testing. Please indicate by checking the appropriate box and include Clinical History/Diagnosis.

- ☐ 1. A history of life-threatening or severe allergic reactions.
- ☐ 2. Generalized skin diseases.

Clinical History/Diagnosis:

Please indicate the required allergens from the list below:

Grass
- ☐ G3 Orchard (Cock's Foot)
- ☐ G4 Meadow Feascure
- ☐ G5 Rye
- ☐ G6 Timothy
- ☐ G8 Meadow grass (Kentucky blue)
- ☐ G11 Broome grass
- ☐ GX1 Grass mix (meadow, Rye, M. Feascue, Orchard, Timothy)

Weeds
- ☐ W8 Dandelion
- ☐ W9 Plaintain (English)

Trees
- ☐ T1 Maple (Box Elder)
- ☐ T2 Gray Alder
- ☐ TE3 Birch
- ☐ T04 Hazel
- ☐ T6 Mountain Juniper (Cedar)
- ☐ TE7 Oak
- ☐ T8 American Elm
- ☐ T11 Maple (Leaf Sycamore)
- ☐ T12 Willow
- ☐ T14 Cottonwood
- ☐ TX1 Tree Mix (Gray Alder, Hazel, Elm, Cottonwood, Willow)

Mites/Dust
- ☐ D1 Dermatophagoides ptenoyssinus
- ☐ D2 Dermatophagoides farinae
- ☐ H1 House dust (Greer)
- ☐ H2 House dust (Hollister-Stier)
- ☐ HX1 Mite Mix 1 (D1, D2, H1, I6)

Food
- ☐ F1 Egg white
- ☐ F2 Milk
- ☐ F3 Codfish
- ☐ F4 Wheat
- ☐ F5 Rye
- ☐ F6 Barley
- ☐ F7 Oat
- ☐ F8 Corn
- ☐ F9 Rice
- ☐ F13 Peanut
- ☐ F14 Soybean
- ☐ F17 Hazelnut
- ☐ F18 Brazil Nut
- ☐ F20 Almond
- ☐ F23 Crab
- ☐ F25 Tomato
- ☐ F26 Pork
- ☐ F27 Beef
- ☐ F31 Carrot
- ☐ F33 Orange
- ☐ F36 Coconut
- ☐ F37 Blue mussel
- ☐ F40 Tuna
- ☐ F41 Salmon
- ☐ F44 Shrimp
- ☐ F45 Yeast
- ☐ F49 Apple
- ☐ F54 Sweet Potato
- ☐ F75 Egg yolk
- ☐ F77 B-lactoglobulin
- ☐ F79 Gluten
- ☐ F80 Lobster
- ☐ F83 Chicken

Food (cont'd)
- ☐ F84 Kiwi
- ☐ F85 Celery
- ☐ F87 Melon
- ☐ F91 Mango
- ☐ F92 Banana
- ☐ F93 Cocoa
- ☐ F94 Pear
- ☐ F95 Peach
- ☐ F96 Avocado
- ☐ FX1 Nut mix (Peanut, Hazelnut, Brazil nut, Almond, Coconut)
- ☐ FX2 Seafood mix (Cod, Blue mussel, Shrimp, Tuna, Salmon)
- ☐ FX5 Children's food mix (Egg white, Milk, Wheat, Peanut, Soybean, Cod)
- ☐ 10F Sesame Seed
- ☐ 12F Green Pea
- ☐ 201 Pecan nut
- ☐ 202 Cashew
- ☐ 203 Pistachio
- ☐ 235 Lentil
- ☐ 256 Walnut
- ☐ 303 Halibut
- ☐ 309 Chick Pea

Animals
- ☐ E1 Cat dander
- ☐ E5 Dog dander
- ☐ E70 Goose feathers
- ☐ E86 Duck feathers

Insects
- ☐ I1 Honey bee
- ☐ I2 White faced hornet
- ☐ I3 Yellow jacket
- ☐ I4 Paper wasp
- ☐ I5 Yellow hornet
- ☐ I6 Cockroach

Microorganisms
- ☐ M1 Penicillium notatum
- ☐ M2 Cladosporium herbarum
- ☐ M3 Aspergillus fumigatus
- ☐ M5 Candida albicans
- ☐ M6 Alternaria alternata
- ☐ MX1 (M1, M2, M3, M5, M6)

Drugs
- ☐ C01 Penicilloyl G (Benzylpenicilloyl)
- ☐ C02 Penicilloyl V (Phenoxymethyl-penicilloyl)

Occupational
- ☐ K82 Latex
- ☐ K84 Sunflower seed

For further information, please contact the supervisor or Dr. Arun K. Garg at 604-507-5000

Revised: February 2011
FRM062

Current Requisition Form listed here:

http://www.bcbio.com/company/forms/specific-allergen-ige-request-form

MOLECULAR GENETICS LABORATORY Requisition
BC Children's Hospital & BC Women's Hospital
CLIA# C&W 99D2000765 • Facility Code L1050
2J40 - 4500 Oak Street
Vancouver, BC V6H 3N1
www.genebc.ca
Phone (604) 875-2852
Fax (604) 875-2707
molecular genetics@cw.bc.ca

CWHCBC MISYS LABEL ONLY

MOLECULAR LAB LABEL ONLY

Ordering Physician
Last Name | First Name | Billing #
Address
Phone | Fax
Contact Person | Phone
Copy Physician | Billing #
Copy Physician

Patient Information
Last Name | First and Middle Names
Gender ☐M ☐F ☐UNK | Date of Birth (DD/MMM/YY)
Personal Health Number (PHN) | Referring Hospital ID | Referring Clinic ID
Address
Patient Phone Number
Eligible for BC Medical Services Plan (MSP) billing? ☐Yes ☐No → If no, see website or call for supplementary billing form.

Sample

Sample Type
☐ EDTA Blood — Unless otherwise indicated, draw 7 mL (min 3 mL) & ship at room temperature
☐ Chorionic Villi (CVS) Gestational age: _____
☐ Amniocytes
☐ Other (specify): _____ Path #: _____
☐ Bone Marrow
☐ DNA From: _____ (tissue type)
Sample ID: _____

Collection Details
Date Collected (DD/MMM/YY) | Collector's Initials
Time Collected (HH:MM) | Request #

COLLECTION LAB LABEL ONLY

Reason For Testing REQUIRED
☐ Confirmation of Diagnosis
☐ Carrier Testing — Testing of minors: see MGL policy
☐ Prenatal Diagnosis — Contact MGL prior to order
☐ Presymptomatic Testing — May require genetic counselling: see website
Patient Ethnicity
Partner:
Partner PHN:
Will this testing alter the management of an ongoing pregnancy? ☐Yes ☐No
If yes, provide the following:
LMP (DD/MMM/YY):
Name & Relationship:
PHN:

Relevant Clinical/Family History
Provide Name, DoB, PHN & relationship of any individual(s) relevant to interpretation of requested test(s).

Test(s) Requested
(See website for test details, guidelines and lab policy)

☐ Achondroplasia
☐ Alloimmune Thrombocytopenia (Hpa-1) +
☐ Angelman Syndrome
☐ Ashkenazi Carrier Screening +
☐ Brugada Syndrome +
☐ CADASIL
☐ Charcot-Marie-Tooth Type 1A
☐ Chimerism ●
☐ Cystic Fibrosis +
☐ Dystonia, early onset primary (DYT1)
☐ Dystrophinopathies (DMD, BMD)
FMR1-Related Disorders
☐ Fragile X Syndrome
☐ Premature Ovarian Insufficiency
☐ FXTAS
☐ Friedreich Ataxia
☐ Glucose Transporter Deficiency Type 1 +
☐ Glycine Encephalopathy (NKH)
☐ *HFE*-Related Hemochromatosis +
Hemoglobin Disorders +
☐ Alpha Thalassemia
☐ Beta Thalassemia
☐ Hemoglobin S,E,C
Hemolytic Disease of the Newborn +
☐ RhD ☐ RhC ☐ RhE ☐ Kell
☐ Hemophilia A + ●
☐ Hemophilia B + ●
☐ Hereditary Multiple Osteochondromatosis
☐ Hereditary Neuropathy with Liability to Pressure Palsies
☐ Heterotaxy (X-linked)
☐ Huntington Disease
☐ Hyperkalemic periodic paralysis
☐ Hypokalemic periodic paralysis
☐ Hypochondroplasia
☐ Muenke Syndrome
☐ Myotonic Dystrophy Type 1
☐ Oculopharyngeal Muscular Dystrophy
Periodic Fever Syndromes +
☐ Familial Mediterranean Fever
☐ Hyper IgD Syndrome
☐ TRAPS
☐ Prader-Willi Syndrome
☐ Sensorineural Hearing Loss (GJB2/6)
☐ Spinal Muscular Atrophy (SMA)
☐ Spinobulbar Muscular Atrophy (SBMA)
☐ Spinocerebellar Ataxia Panel (SCA1,2,3,6,7)
☐ Thanatophoric Dysplasia
☐ Transthyretin Amyloidosis
Uniparental Disomy +
☐ Ch6 ☐ Ch7 ☐ Ch14 ☐ Ch15
☐ Unverricht-Lundborg Disease
☐ X-linked Ichthyosis (STS Deficiency)
☐ Zygosity ●
☐ DNA Extraction Only ●
Reason (REQUIRED): _____
☐ Other: _____

+ Additional requirements: see website
● Available only to BC patients

Ordering Physician Signature REQUIRED _____ Date _____

MGL USE ONLY

Form: CWMG_REQ_0000 Version: 3.2 Last Updated March 12, 2012

Current Requisition Form listed here: www.genebc.ca

Section C. Collection Procedures

1a. Blood Collection Procedure

The WGH Laboratory follows guidelines and procedures for venipuncture outlined by the Clinical and Laboratory Standards Institute (CLSI 2007).

Overview of Phlebotomy and Specimen Labelling Procedure

The following table provides an overview of the phlebotomy and specimen labelling procedure. Detailed descriptions of each step are provided after the table.

A. Pre-Phlebotomy	1	Prepare Labels
	2	Assemble Other Supplies
	3	Wash Hands & Put on Gloves
B. Phlebotomy Procedure	1	Identify the Patient
	2	Verify Diet Restrictions & Medication Schedule
	3	Create Safe Work Environment: Ergonomics
	4	Reposition the Patient's Arm
	5	Select the Best Venipuncture Site
	6	Apply the Tourniquet
	7	Cleanse the Venipuncture Site
	8	Perform Venipuncture with Correct Order of Draw
	9	Invert Filled Tubes
	10	Release Tourniquet
	11	Complete Collections
	12	Place Gauze Pad Over Venipuncture Site, Remove Needle
C. Post-Phlebotomy	1	Dispose of Needle
	2	Ensure Bleeding has Stopped & Bandage Arm
	3	Label Blood Tubes & Record Time of Collection
	4	Thank the Patient for their Cooperation
	5	Remove gloves, clean hands
	6	Prepare samples for transport: centrifuge/ separate/ refrigerate, etc.
	7	Send Collection Tubes & Requisition to the Laboratory ASAP

Supplies for Venipuncture

needles of various gauges	'Sharps' container for waste	bandaids
butterfly needles	isopropyl alcohol wipes	disposable tourniquets
needle adapter	gauze pads or cotton balls	non-latex gloves
Vacutainer collection tubes	adhesive tape	



For more detailed information on phlebotomy, consult the references provided below.

References

Clinical and Laboratory Standards Institute (CLSI). 2007. *Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard- Sixth Edition*. CLSI document H3-A6 (ISBN 1-56238-650-6). Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898 USA.

Vancouver Coastal Health. 2010. Phlebotomy & Specimen Labelling Procedure. VCH Regional Laboratory Medicine. Version 2.3. March 16, 2010.

1b. Tube Selection, Order of Draw and Sample Mixing

Gently Invert (mix) tubes 8-10 times immediately after collection to ensure the preservative is mixed completely with the sample.

Order of Draw:		Tube Top Colour (Additives) Label Code	Product (indicate on transfer-tube labels)	Common Lab Tests	Notes
1	BLOOD CULTURES	Blood Culture bottles- always collect first- keep warm			
2		Light Blue (Sodium citrate) BLUE	Citrate plasma	Coagulation (PT, INR, PTT, Dimer)	Tube must be completely filled
3		Red (silica) RED	Serum	Therapeutic drug monitoring	
4		Gold (silica, polymer gel) SST	Serum	Most chemistry, Infectious Disease testing, Cancer Screening	
5		Black (Sodium citrate) BLK	Whole Blood	ESR (erythrocyte sedimentation rate)	Cannot be shipped to Lab- sample only good 4-6 hrs.
6		Light Green (Lithium heparin) PST	Plasma	Most routine chemistry	
7		Lavendar or pink (EDTA) LAV or EDTA	Whole Blood	Hematology, Transfusion Medicine	

Note: Two blood smears must be made from blood collected for hematology testing.

For more information on collection tubes, visit: http://www.bd.com/ca/

1c. How to properly prepare a blood smear for CBC

A properly prepared blood smear is essential for accurate assessment of cellular morphology.

The wedge smear technique is as follows:

1. Use two high-quality beveled-edge microscope slides- one serves as the blood smear slide and the other as the spreader slide
2. Place a drop of EDTA anti-coagulated blood, about 3 mm in diameter, at one end of the smear slide. The size of the drop is important- too large a drop creates very long or thick smears; too small a drop often makes short or thin smears.
3. Place the spreader slide in front of the drop at a 30-45-degree angle to the smear slide
4. Pull the spreader slide back into the drop of blood and hold it in that position while the blood spreads across the width of the slide
5. Quickly and smoothly push forward to the end of the slide to create a wedge smear. Moving the spreader slide too slowly accentuates poor leukocyte distribution by pushing larger cells (monocytes/ granulocytes) to the very end of the sides of the smear. For higher-than-normal hematocrit, the angle between the slides must be lowered so that the smear is not too short and thick. For extremely low hematocrit, the angle must be raised.

A well-made peripheral blood smear has the following characteristics:

1. About two-thirds to three-fourths of the length of the slide is covered by the smear
2. The feather edge (thin portion) is very slightly rounded, not bullet-shaped
3. Lateral edges of the smear should be visible.
4. The smear is smooth without irregularities, holes or streaks
5. When the slide is held up to light, the feather edge of the smear should have a “rainbow” appearance
6. The whole drop is picked up and spread

See illustrations (Figures 1-1 to 1-3) on the following pages.

From: Carr, J.H. and B.F. Rodak. 1999. Clinical Hematology Atlas. W.B. Saunders Company. Toronto. 217 pp.

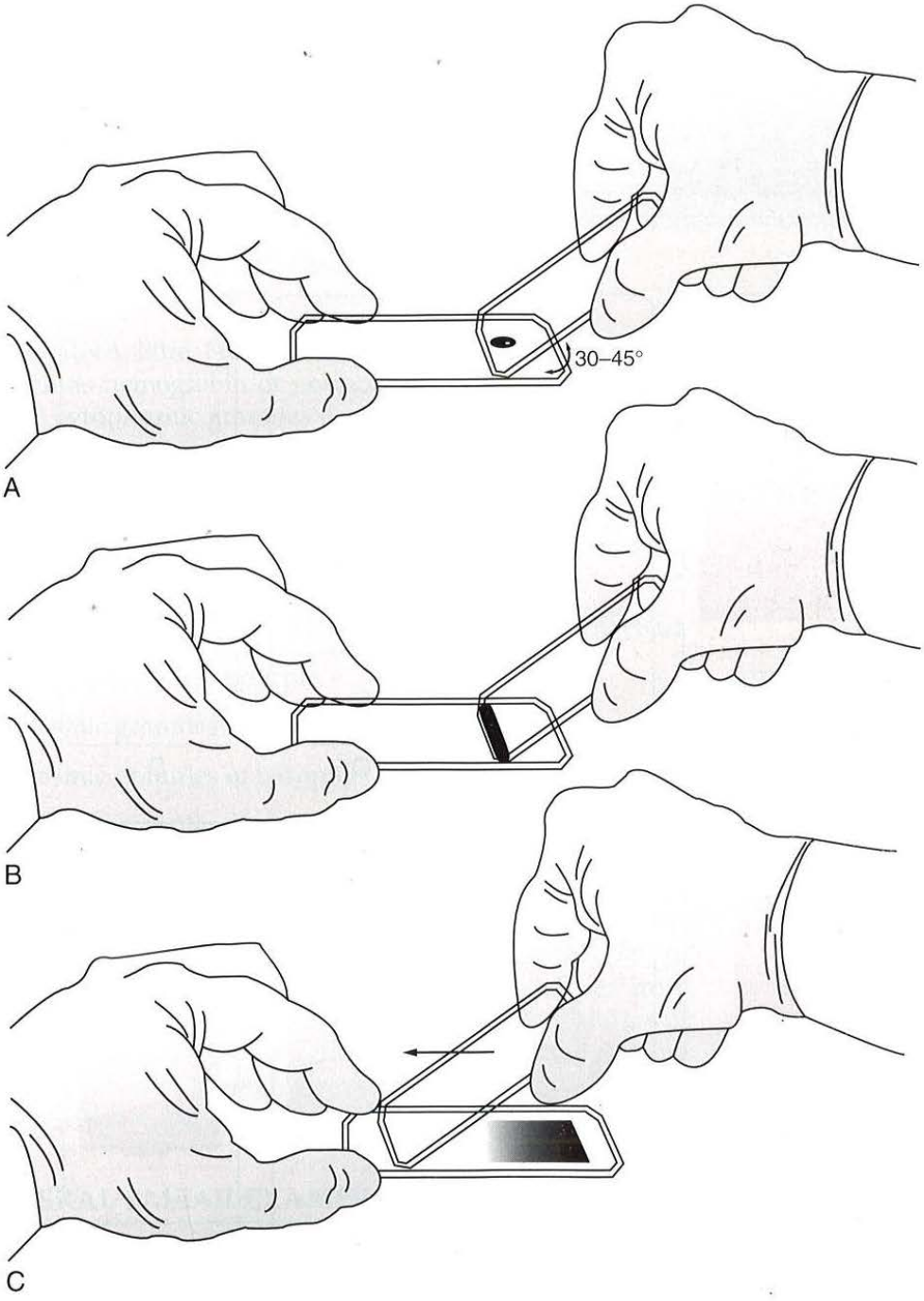


Figure 1–1 Wedge technique of making a peripheral blood smear. **A,** Correct angle to hold spreader slide. **B,** Blood spread across width of slide. **C,** Completed wedge smear. (From Rodak BF: Diagnostic Hematology. Philadelphia, WB Saunders, 1995.)

From: Carr, J.H. and B.F. Rodak. 1999. Clinical Hematology Atlas. W.B. Saunders Company. Toronto. 217 pp.

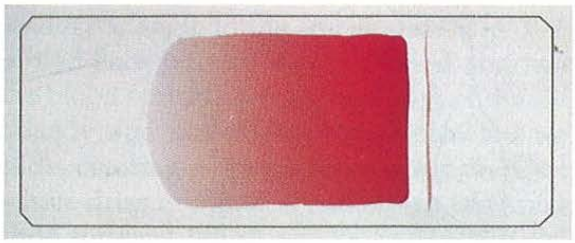


Figure 1–2 Well-made peripheral blood smear. (From Rodak BF: Diagnostic Hematology. Philadelphia, WB Saunders, 1995.)

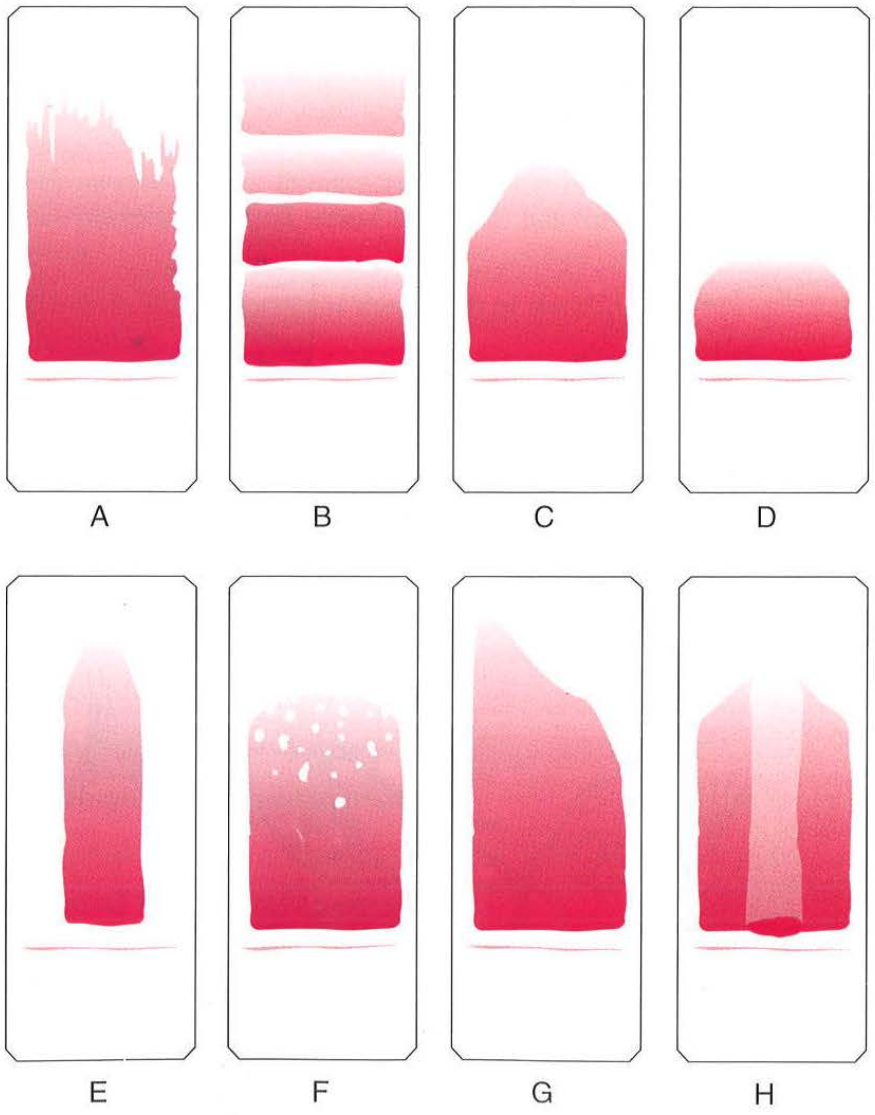


Figure 1–3 Examples of unacceptable smears. (From Rodak BF: Diagnostic Hematology. Philadelphia, WB Saunders, 1995.)

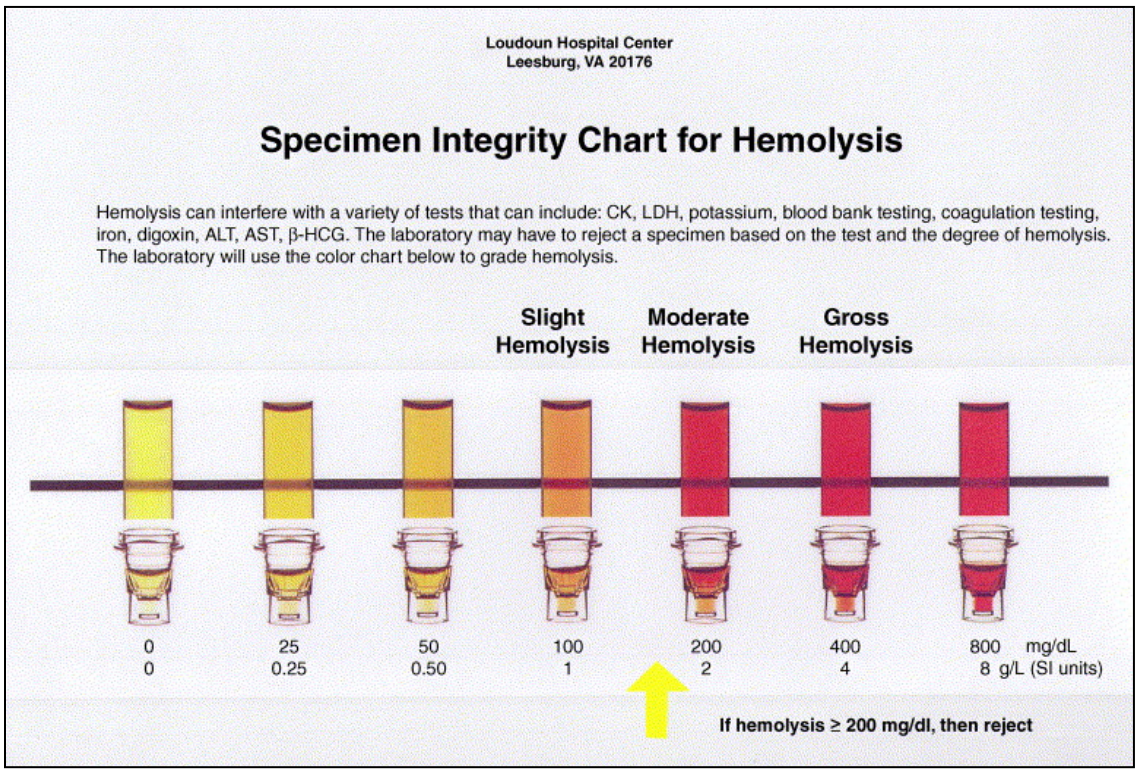
From: Carr, J.H. and B.F. Rodak. 1999. Clinical Hematology Atlas. W.B. Saunders Company. Toronto. 217 pp.

1d. Hemolysis

Hemolysis, or the rupture of red blood cells, usually occurs during sample collection and can result in rejection of a sample. Possible causes of hemolysis include:

- unsecure line connections
- contamination
- prolonged tourniquet application
- incorrect needle size (excessive suction can cause red blood cells to be smashed on their way through a hypodermic needle)
- excessive suction from use of vacuum syringe (veins may collapse)
- Vigorous shaking of filled tubes
- difficult collections (e.g. veins that are difficult to find; small, fragile veins in elderly patients)

Experience and proper technique are essential for any phlebotomist or nurse to prevent hemolysis.



As in: Dugan et al. (2005)

Dugan, L., L. Leech, K.G. Speroni, J. Corriher. 2005. Factors Affecting Hemolysis Rates in Blood Samples Drawn From Newly Placed IV Sites in the Emergency Department. Journal of Emergency Nursing. 31(4):338-345.

1e. Sample Handling & Storage prior to Transportation

Analytes in blood samples can be affected by delayed or improper handling prior to transport. *Centrifugation, time, temperature, light exposure and storage conditions can affect some test results*-- sometimes with severe consequences to patient health and safety.

**** Centrifuge samples within 30 minutes of collection. Samples that have not been centrifuged will be rejected if they arrive more than 2 hours post-collection.**

Glycolysis, the metabolism of glucose, can occur when serum or plasma remains in contact with red blood cells during storage and transport. Glycolysis can result in falsely lower glucose results. The process is accelerated in higher temperatures or with elevated white blood cell counts.

Ion Exchange can also occur when samples are not centrifuged in a timely fashion. Potassium moves through red cell membranes when samples are cooled, increasing potassium levels substantially in the plasma. False readings of potassium are a potential threat to patient safety.

These are just two consequences of improper handling. See the table below for other examples of analytes that change during serum-cell exposure.

Examples of Analytes That Change During Serum- Cell Exposure	
Increased:	**Decreased:**
Lactate Dehydrogenase (LD) Phosphorus Ammonia Potassium Creatinine B12 ALT AST	Glucose Ionized Calcium Bicarbonate Folate

Care of Samples Affects Patient Care

Disregarding time, temperature and light specifications for blood samples can lead to pre-analytical errors. Results could be dramatically altered and medical errors made.

1f. How to Collect Blood Cultures

[Order using the WGH Microbiology Laboratory requisition]
The rapid, accurate isolation and identification/susceptibility testing of organisms found in the blood is vitally important. Left undetected and untreated, septicemia can be fatal within 24 hours.

Blood cultures are obtained whenever there is reason to suspect bacteremia. This includes patients with:

1. pneumonia, meningitis and pyelonephritis
2. suspected intravascular infection, i.e. endocarditis, infection of the graft
3. prolonged fever
4. fever accompanied by rigor
5. afebrile but known or suspected of having endocarditis, treated or untreated
6. certain multisystem infections, i.e. enteric fever (typhoid or paratyphoid), leptospirosis, brucellosis, etc.
7. immunosuppression with significantly decreased amount of neutrophils

Remember: To avoid contamination, Blood Culture samples must be drawn **first**, before any other blood samples.

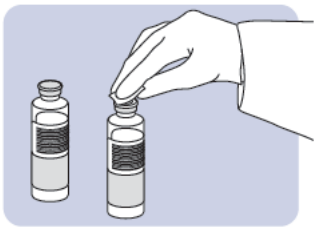
1. Assemble needed supplies:
   - Computer-generated labels (preferred)
   - blood culture bottles
   - butterfly needle *attached to* blood culture collection adapter cap
   - alcohol swabs & antiseptic swabs
   - tourniquet
   - gauze pads/ adhesive tape/ bandaids
   - protective gloves
   - Sharps container



2. Locate the vein and cleanse the site with both a 70% alcohol swab and then an antiseptic swab. Use a radiating circular motion, from vein site outwards. Allow to air dry.
   Do not re-palpate the vein before venipuncture.

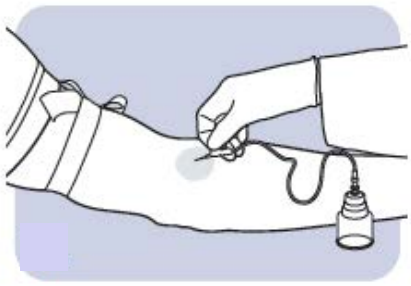
3. Prepare the blood culture bottles:
   - Adults: you must collect 1 blue-capped aerobic bottle and 1 orange-capped anaerobic bottle; Pediatrics: collect 1 yellow-capped bottle
   - Ensure integrity of each bottle- (sensor on the bottom should be grayish-green; yellow-coloured sensor indicates the broth is contaminated & bottle must be discarded). Check the expiry date & discard if necessary.
   - Remove protective overcap on bottles; sterilize rubber septum with 70% alcohol

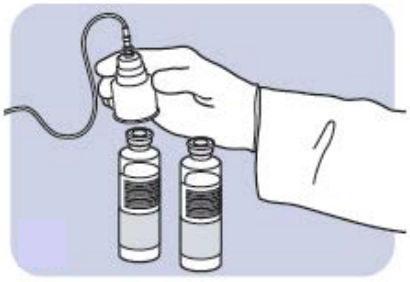




- Mark the desired fill volume level on each bottle- see Blood Volumes table on page x. 10 mL of blood per bottle is optimal for adults (bottles are pre-marked with 5mL increments)

4. Perform venipuncture.
5. Attach the aerobic (blue) bottle to the collection adapter cap and hold the cap down on the bottle.





6. Using the fill indicator line you marked, obtain the needed volume of blood. Then remove the adapter cap from the bottle and attach it to the anaerobic (orange) bottle. Obtain the needed volume of blood.

7. If additional blood is required for other tests, draw them after the blood culture bottles are filled.





8. Terminate the venipuncture and dispose of butterfly needle in the Sharps container. Retain the adapter cap for cleaning.
9. Label the specimen bottles with prepared labels. Do not cover any portion of the peel-off section of the barcode labels or lot numbers on the bottles.
10. Repeat this collection process from another vein site. You must collect <u>two sets</u> of aerobic & anaerobic bottles from <u>two different vein sites</u>.
11. Place labelled specimens in plastic biohazard bags and prepare for transport using TDG protocols.

Volume of Blood: This is critical because the concentration of organisms in most cases of bacteremia is low, especially if the patient is on antimicrobial therapy. In infants and children, the concentration of organisms during bacteremia is higher than in adults, so less blood is required for culture.

Blood Volumes needed are based on the age of the patient:

Age	Bottle colour	Amount
Newborn	yellow	0.5 mL
<1 Year	yellow	1.0 mL
1-6 Years	yellow	3-4 mL
7-12 Years	blue (Aerobic)	8-10 mL
	orange (Anaerobic)	8-10 mL
≥13 Years	blue (Aerobic)	10 mL
	orange (Anaerobic)	10 mL

Number of sets and timing:

The optimal number and frequency of blood cultures will depend on the disease suspected, and can only be determined by the physician. Most cases of bacteremia are detected by using 3 sets of separately collected blood cultures. More than 3 sets of cultures yield little additional information. Conversely, a single blood culture may miss intermittently occurring bacteremia and make it difficult to interpret the clinical significance of certain isolated organisms. These guidelines apply for both adult and pediatric patients.

- Fever of unknown origin: obtain 2 separate culture sets, from 2 separately prepared sites initially. After 24-36 hours, obtain 2 more before patient's temperature rises.
- Acute sepsis, meningitis, osteomyelitis, arthritis, acute untreated bacterial pneumonia or pyelonephritis: obtain 2 separate culture sets, from 2 separately prepared sites prior to starting therapy.
- Endocarditis, Acute: obtain 3 culture sets with 3 separate venipunctures over 1-2 hours and begin therapy.
- Endocarditis, Subacute: obtain 3 culture sets on day 1 (at least 15 min apart). If all are negative at 24 hours, obtain 3 more sets (at least 15 min apart).
- Endocarditis, on antimicrobial therapy: obtain 2 separate culture sets on each of 3 successive days.

Reference:

BioMérieux Inc. 2008. Worksafe BacT/ALERT Blood Culture Collection Procedure. Instruction sheet available from: www.biomérieux-usa.com

2. Blood Bank/ Transfusion Medicine

Patient Identification:

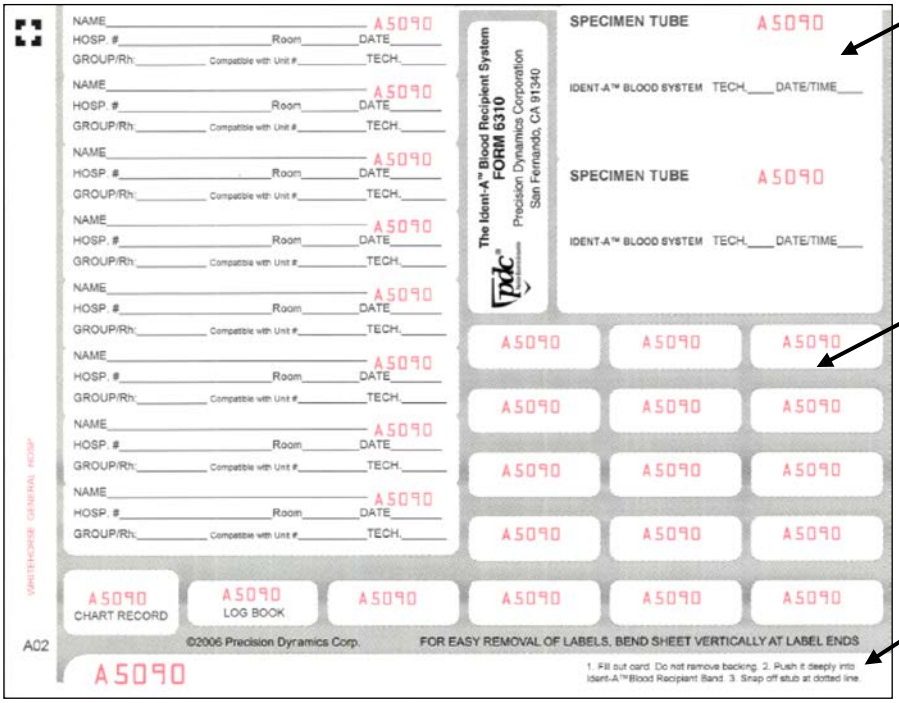
Positive patient identification is of utmost importance for transfusion medicine- errors can result in fatal outcomes. Only specimens collected using the WGH Blood Bank Identification Card system will be used for crossmatching and transfusion purposes. This card is normally only available within Whitehorse General Hospital.

You **must** follow this **specialized patient identification procedure** if you anticipate the patient may require blood components:

1. Order a Group and Screen test.
2. Identify the patient using at least two unique identifiers. Ask the patient their full name and date of birth; check this information against the hospital admission wristband. Compare other identifiers (i.e. Healthcare Number, Chart Number, etc.) if available.
3. Collect two 7 mL EDTA collection tubes (tall pink-topped tubes) of blood.
4. Label each collection tube with at least two identifiers (use of an ID sticker is acceptable), the date & time of collection and your initials. Affix a Blood Bank Identification Number sticker from the card on each tube collected.
5. Write the date, time and your initials on the wristband strip from the bottom of the Blood Bank Identification Card. Insert it into a pink wristband and affix to the patient at the time of specimen collection. Label the Identification Card with the patient's identifiers, your initials and the date & time of collection to verify you have confirmed identification of the patient with the samples.

Note: The pink, numbered identification band must be on the patient's wrist before a Transfusion can be performed.

WGH Blood Bank Identification Card:



Label with Patient info, date, time & initials of collector

Attach ID # stickers to blood collection tubes

Record date, time & your initials. Detach & insert into pink wristband. Affix to patient.

ABO Blood Group:

This test is used to identify a patient's blood group for medical indications (example: to determine if patient needs RhIg after miscarriage) and non-medical (example: travel visas) indications. Non-medical requests will require payment by the client.

Group and Antibody Screen:

This test is used to identify the patient's blood group and to establish if they have any unexpected red blood cell antibodies in preparation for a possible transfusion. Red Blood Cell units will be crossmatched when a transfusion is ordered.

Positive Antibody Screens are sent to Canadian Blood Services in Vancouver for identification of the detected antibody. This will delay the availability of red cells units for transfusion. Contact the Laboratory for more information if this occurs.

Order Prenatal Screens (blood group and antibody screen) on the Canadian Blood Services Prenatal Screen requisition.

Do not order "GROUP & HOLD", as this restricts inventory and causes unnecessary workload. Should the need for blood arise after a Group and negative Antibody Screen is complete, the crossmatching can be completed within 15 minutes.

Crossmatch:

This test is used to prove compatibility between the patient and the donor red cells and will be completed only when the blood is required for prompt transfusion.

Please see the Nursing Policy Manual BBK Guidelines for information on ordering, retrieving and transfusing blood products.

Direct Antiglobulin Test (DAT):

This test is used to determine if the patient's red blood cells are abnormally coated with immune proteins (Antibodies and/or Complement).
It is ordered by a physician to rule-out certain autoimmune problems, transfusion reactions or incompatibility between mother and newborn.

Cord Blood Investigation:

- Must be done on all infants born to Rh Negative mothers or mothers of unknown blood group.
- It includes a determination of ABO/Rh and a DAT.
- Collection requirements:
  One 7 mL EDTA tube (lavender or pink stopper)

Transfusion Reaction Investigation:

- Used to determine the cause of a suspected transfusion related adverse event. It must be initiated as soon as a reaction is suspected to determine the possible severity and therefore, morbidity/mortality for the patient. It will also determine if the transfusion can continue and identify future transfusion requirements.
- Please see the Nursing Policy Manual BBK Guidelines for more information on recognizing and managing a Transfusion Reaction.
- Always order as STAT.

Blood Component Uses:

- The "Circular of Information for the Use of Human Blood and Blood Components" from Canadian Blood Services describes various blood components and their intended use. Each patient area within the hospital has a copy and it is also available on-line at: www.transfusionmedicine.ca
- Refer to the following websites for more information:
  www.transfusionmedicine.ca
  http://orbcon.transfusionontario.org/bloodyeasy/
  http://www.traqprogram.ca/
  http://www.blood.ca/

Blood Components Available (in stock) at Whitehorse General Hospital:

1. Red Blood Cell Units (Packed Cells)
   [N.B. Phenotyped blood for patients with antibodies and special red cell requirements (i.e. CMV seronegative or Irradiated) will need to be ordered from Vancouver and will require additional time].
2. Frozen Plasma – requires 15 minutes to prepare
3. Cryoprecipitate
4. Platelets must be ordered from Vancouver as the need arises. Please allow a minimum of 24 hours for delivery. Platelets are to be ordered in "Adult Doses"; each dose should bring the platelet count up by approximately $20x10^9$/L in the absence of ongoing lose/consumption.

Blood Products Available (in stock) at Whitehorse General Hospital:

1. Rh Immune Globulin (WinRho)
2. 25% Albumin
3. 5% Albumin
4. Intravenous Immune Globulin (IVIG) – for specific diseases (IVIG Utilization Management Policy defines approval process)
5. Hepatitis B Immune Globulin - for high risk neonates and Needlestick patients
6. *Varicella zoster* Immune Globulin – for high risk exposures
7. Recombinant Factor VIII – for specific hemophilia patients
   [Phenotyped blood for patients with antibodies may require additional time]
8. Recombinant activated Factor VII (NiaStase)
9. Prothrombin Complex Concentrate (BeriPlex) – for the immediate reversal of oral anticoagulants in specific circumstances
10. C1Esterase Inhibitor – for a specific patient condition
11. Antihemophillic Factor/von Willebrand Factor – for a specific patient condition

All other products must be ordered from Vancouver as the need arises. Please allow a minimum of 24 hours for delivery.

Rh Immune Globulin:

- Standard 300µg (1500 IU) dose is to be administered.
- Used for Rh Negative mothers to prevent immune Anti-D sensitization. It is given:
  - At 28 weeks
  - Postpartum (as indicated by Cord Investigation)
  - After a Therapeutic Abortion
  - Post-amniocentesis
  - Threatened Abortion
  - Other- trauma, etc.

See product insert or Quick Reference Sheet in the Nursing Policy Manual for administration procedures. Follow the "Prenatal Checklist" provided by Yukon Health and Social Services.

Available Units:

- Issue/Transfuse cards are issued with each unit by the lab and must by fully completed and returned to the Lab.
- Empty blood product containers are to be retained on the ward for a minimum of four hours after the transfusion is complete, in case a Transfusion Reaction develops. They are not to be returned to the lab unless a Transfusion Reaction is suspected.
- After hours, please sign-out the crossmatched unit according to established protocol and ensure you leave the "ticket" from the bottom of the Issue/Transfuse card on the bench.
- If units are not issued within 72 hours or the patient is discharged, any remaining units will be cancelled and returned to the blood bank inventory.
- Blood Products will only be picked up from the Lab by healthcare workers who have been oriented to the process.
- If the units are unmatched or full testing is not yet complete, the doctor ordering the transfusion must acknowledge the assumption of increased risk. This can be done by a signed notation in the patient chart.

NOTE:

This document is intended to provide general information only. Please see the Nursing Policy Manual BBK Guidelines and the Clinical Transfusion Resource Guide for specific information about Transfusion Medicine procedures.

Prenatal Patients:

Refer to Community Nursing's Prenatal Checklist (next page) for collection schedule.

Yukon
Health and Social Services

Name: _____

YHIS: _____

EDC by Dates: _____

EDC by Ultrasound: _____

PRENATAL CHECKLIST

INITIAL VISIT	DATE DUE	DATE DONE
Counseling – prenatal vitamins, folic acid, life style choices (alcohol, smoking)		
Review list of screening tests to be offered, including the BC Prenatal Genetic Screening Program tests – Note: **SIPS #1 is collected @ 10 – 13^{+6} wks.**		
If unsure of gestational age/LMP, an early ultrasound should be done especially if doing genetic screening – if done early (<16 weeks) will need to be repeated as below		
Antenatal Record History and Physical Examination (including risk score)		
List of screening tests to be offered: ABO / Rh Typing / RBC Antibody Screen (Results may take 17 days or longer to return) Repeats may be requested by Canadian Blood Services at 24 – 26 weeks.		
Syphilis / Hepatitis B / Varicella / Rubella		
HIV / Hepatitis C		
CBC		
Random Glucose		
TSH (if on Levothyroxin)		
If multiple risk factors for GDM exist, screen during first trimester and reassess during subsequent trimester; consult physician re their preferred screening tests to offer ; i.e. FBS and/or 50 or 75 Gm OGTT		
Urine Dip		
Urine for C&S		
Cervical Os Swab – GC & Chlamydia (same swab)		
Vaginal Smear – Yeast / BV		
Pap Smear (See BC Cancer Agency Office Manual – NO cytobrush during pregnancy)		
Serum Integrated Prenatal Screen (SIPS - # 1 @ 10 – 13^{+6} wks; SIPS # 2 @ 15 – 26^{+6} wks); Quad Marker Screen (Quad) @ 15 – 20^{+6} wks; Maternal alpha-fetoprotein (AFP) @ 15-20^{+6}wks; *Integrated Prenatal Screen (IPS) – currently referrals to out-of-Yukon facilities are required.* http://www.bcprenatalscreening.ca/page130.htm. *It's your choice* is a pamphlet available for clients to assist in their decision making. Appropriate documentation of counseling, acceptance of or declining the screening is to be made.		
18 – 20 WEEKS GESTATION		
Routine Obstetrical Ultrasound *or* repeat ultrasound if early (<16 weeks) ultrasound done		
Fax Antenatal Record to Whitehorse MD		
24 – 26 WEEKS GESTATION		
RBC Antibody Screen &/or repeat ABO/Rh as recommended by Canadian Blood Services- this can be drawn the same day as but prior to the administration of WinRho @ 28 weeks		
28 Weeks Gestation		
WinRho if Rh negative – order from WGH Laboratory Services		
50Gm Oral Glucose Load		
Hemoglobin		
35 – 37 WEEKS GESTATION		
Vaginal-Rectal Swab for Group B Strep		
36 – 38 Weeks Gestation		
Travel Documents		
Fax prenatal Record to WGH Maternity Ward; Travel to Whitehorse		

Prenatal Visits: every 4 weeks until 28 weeks, every 2 weeks until 34 weeks, every week until 38 weeks

Revised by Community Nursing, August 2010
Revised March 2011; August 2012

Continued on next page:

Yukon
Health and Social Services

PRENATAL CHECKLIST

Lab Test:	Collection Method:	Requisition & Destination
ABO / Rh Typing / RBC Antibody Screen	1 X 7ml pink top EDTA tube	Canadian Blood Services
Syphilis / Hepatitis B / Varicella / Rubella/ HIV / Hepatitis C	2 X 7ml gold (SST) top tubes. No need to spin or separate	PHSA – BCCDC
CBC	1 X 3ml lavender top EDTA tube + smear	WGH Lab On Site Testing req.
TSH, Random Glucose♦	1 gold top tube; spin down; send serum in plastic tube	WGH Lab On Site Testing req.
Urine for C&S	MSU – Uricult	WGH Lab Microbiology req.
Urine Dip	Multistix	Done on site
Cervical Os Swab – Chlamydia & Gonorrhea	Amplicor Invitro Chlamydia/GC swab (PCR)	St. Paul's Hospital Virology and Reference Laboratory, Chlamydia & GC PCR
Vaginal Swab & Smear – Yeast & Bacterial Vaginosis	Swab – Clear Medium & Smear	WGH Lab Microbiology
Pap Smear	As per Clinical Practice Guideline	BCCA Gynecological Cytology
Prenatal Genetic Screens – All◉	1 10ml plain red top tube; spin down; send serum in smaller plain red top tube; Time sensitive may need to ship **frozen**	Children's and Women's Health Centre of BC
50 Gm Oral Glucose Load	See lab manual. 1 gold top tube; spin down; send serum in plastic tube	WGH Lab On Site Testing
Vaginal-Rectal Swab for Group B Strep	Swab – Clear Medium	WGH Lab Microbiology
Introduction of Period of Purple Crying		Community Nurse, Whitehorse Health Centre Nurse during Prenatal Classes

Note: All referred-out testing is sent via the lab at Whitehorse General Hospital. All specimens must be accompanied by the appropriate requisition (i.e. the frozen sample must have the req in the same container).

♦ if previous Hx gestational diabetes, obesity, fetal macrosomia or glycosuria.

◉ All prenatal women are to be counseled and offered, but must be ordered by physician. Early ultrasound is required to confirm dates if there is any doubt of gestational age. Complete documentation of counseling, acceptance, refusal, physician order is required. *http://www.bcprenatalscreening.ca/page130.htm *

Screening tests: May be drawn during the initial visit or deferred to a later visit – Note – SIPS #1 is collected @ $10 - 13^{+6}$ wks (If no ABO/Rh typing is on file, WGH Lab recommends drawing as early as possible due to the length of time it takes to get results.)

Revised by Community Nursing, August 2010
Revised March 2011; August 2012

3. Body Fluid Collections

All fluids are considered <u>STAT</u> and must be brought to the Laboratory within one hour of collection.

Synovial Fluid

Orderable Tests	Collection Tube Needed	Notes
Cell count with differential	EDTA (mauve topped)	
Mucin clot test	Plain Serum (red-topped)	
Crystals	Red- or mauve top	
Rheumatoid Arthritis	Red top	
Glucose	Red top	
Lactate dehydrogenase	Red top	Room temp only
Total Protein	Red top	
Uric Acid	Red top	
Culture and Sensitivity	Red top	Never freeze

Peritoneal Dialysate

All testing is initiated when, upon inspection, the collected bag of dialysate appears cloudy.

<u>Orderable tests:</u>



Cell Count and differential (use WGH On-Site requisition)
Culture and Sensitivity (use WGH Microbiology requisition)
Amylase (use WGH On-Site requisition)

<u>Collection notes</u>:





- Mix dialysate bag well to ensure the contents are evenly distributed
- Clean access port prior to collection of fluid using 70% isopropyl alcohol
- Collect a **50 mL aliquot of fluid** and place it into a sterile collection container
- Collect **one lavender top** (EDTA) and **one gold top** (SST) vacutainer
- Samples MUST be sent to the Laboratory immediately for processing- cells disintegrate rapidly and results will be inaccurate if processing is delayed
- DO NOT send the entire bag

4. Pathology Sample Collections

All Pathology Samples are sent to Providence Health Care (SPH).

Type of Specimen	Type of Fixative	Special Requests for fresh tissue	Duration of Fixation
Routine surgical specimens (moles, lumps & bumps)	10% Buffered Neutral Formalin		overnight
Cone Biopsies, Core Biopsies	10% Buffered Neutral Formalin	slice the cone through its largest diameter	overnight
Cervical and endometrial biopsies	10% Buffered Neutral Formalin		1-2 hours
For all samples: the Volume of Fixative should be 10X the Volume of Tissue			

Routine Surgical specimens:

- If a **rush diagnosis** is required please state on the accompanying patient surgical requisition in bold letters**.**
- Label the sample and accompanying surgical requisition with patient's demographics. The requisition must also include patient history.
- 'Sample type' description on the container must exactly match the sample type on the Requisition (e.g. "Rt thyroid nodule").
- List: 1) the **time the sample was collected**; and 2) the **time the sample** was subsequently **placed in formalin** on the Requisition.

Sample Rejection Criteria:

☒ Doctor's signature missing on Requisition

☒ Samples or Requisition not labelled with patient demographics and/or history

☒ Pathology description on container does not exactly match description on the Requisition

☒ Time of collection and time sample added to formalin are not listed on Requisition

5. Cytology Sample Collections

All cytology samples from health care facilities outside of the Whitehorse General Hospital are sent to the BC Cancer Agency Vancouver Centre's Diagnostic Cytology Laboratory (phone: 604-877-6000, fax: 604-873-5384). The following table provides a summary of collection instructions from their lab.

Type of Sample	Sample Method
Body Cavity Fluids (pleural, peritoneal, pericardial); Pelvic Washings (Pap smears)	Provide at least 50-100 mL of fluid in an equal volume of 10% neutral buffered formalin. Add 3 units of heparin per mL of fluid (to prevent clotting of very bloody fluids)
Thyroid Fine Needle Aspirates	Option 1: From 2 aspirates prepare 2 separate smears directly onto slides, one air dried and one immediately spray fixed with an alcohol based fixative (Cytofix) or immediately immersed in 95% methyl or ethyl alcohol. If the slide is directly immersed it should be allowed to fix for a minimum of 2 minutes and then allowed to air dry prior to packaging. Then rinse needles from each aspirate into CytoLyt®. Option 2: Rinse all aspirated material directly into CytoLyt® To learn more about FNA technique go to http://www.papsociety.org/fna.html
Fine Needle Aspirates (other than Thyroid)	Prepare at least 2 separate smears directly onto slides, with half of the slides air dried and half immediately spray fixed with an alcohol based fixative (Cytofix) or immediately immersed in 95% methyl or ethyl alcohol. If the slide is immersed in alcohol it should be allowed to fix for a minimum of 2 minutes and then allowed to air dry prior to packaging. Then rinse needles from each aspirate into CytoLyt® or 50% ethyl or methyl alcohol. If special stains or genetic studies are likely to be required (e.g. for tumor classification, identification of primary tumor origin, etc) perform **2 additional aspirates** and rinse all material directly into 10% neutral buffered formalin. This will allow the laboratory to make a cell block for these studies. To learn more about FNA technique go to http://www.papsociety.org/fna.html
Lung and GI Cytology (Washings, Brushings, Lavage)	Place all washing, brushing and lavage samples directly into CytoLyt or 50% ethyl or methyl alcohol. Brush tips may be cut off and left in the solution.
Sputum	Place sputum samples in 50% ethyl or methyl alcohol
Cerebrospinal Fluid (CSF)	If possible deliver fresh (unfixed) to the lab within 24hrs (refrigerate, ship cool; do not freeze) Otherwise, preserve by adding an equal volume of 50% ethyl or methyl alcohol
Urine	Preserve urine sample by immediately adding an equal volume of 50% methyl or ethyl alcohol
Nipple secretions	Thinly smear secretions directly onto a clean glass slide and allow to air dry

[Received from BCCA February 10, 2012]

6. Microbiology Sample Collections

General Sample Requirements:

1. The quality of the laboratory result is dependent on the quality of the sample and the information given to the laboratory. There are no normal values in Microbiology. An improperly collected sample means inaccurate results.

2. Ensure that samples are labelled with:
    - Patient's legal name (last, first),
    - Patient's health care number
    - Date of Birth (microbiology: important for interpretation of results)
    - Date and Time of collection
    - The site (or type) of collection.

3. Complete the **WGH Microbiology Requisition**, including the same information as above.

4. List any antibiotics presently in use or intended to be used on the Requisition, as well as a tentative diagnosis (e.g. R/O UTI). This will enable the lab to set up special plates, techniques, etc. as needed.

5. Transport to the Laboratory within 24 hours of collection (see specific sample requirements).

Sample Rejection Criteria:

Rejection criteria are designed to prevent inaccurate data and to ensure the safety of laboratory personnel. Microbiology samples may be rejected for the following reasons:

- ☒ Unlabelled Samples
- ☒ Incorrectly Labelled (Mislabelled) Samples
- ☒ Incomplete information on the Requisition
- ☒ Sub-optimal sample: leaking urine/ stool containers; insufficient quantity
- ☒ Duplicate microbiology samples received on the same day (e.g. multiple ova & parasite stool samples, sputa samples).
- ☒ Sample delayed in transit.

Ear Samples:

Otitis Externa (External Ear)

Collect using clear swab (Amies transport medium) and make smear

1. Clean the ear canal with a disinfectant (i.e. 70% alcohol or SOLU-I.V) and rinse it with saline.
2. Sample the canal several minutes after cleansing by swabbing briskly over any lesion present.
3. Use a separate sterile swab to make a direct smear on a glass slide. Label the frosted end of the slide (Patient's full name and date of birth AND health care number; site of collection; date of collection).
4. Label the swab with the same information as above
5. If delay in transport is unavoidable, refrigerate the sample at 4°C.

Eye Samples:

Collect using clear swab (Amies transport medium) and make smear

1. These instructions are not meant for skin areas around the eye – see "superficial wound" samples for these types of swabs.
2. Specify left or right eye and the site of the sample:
   - Conjunctival
   - Lid margin
   - Corneal
   - Aqueous; or
   - Vitreous sample

   Do not use the non-specific term "eye" for identifying a sample.

3. The method of sample collection depends on the site of the eye infection. In bilateral conjunctivitis, culture of one eye only is necessary.

4. Please make a smear at time of collection: Use a separate sterile swab to make a direct smear on a glass slide. Label the frosted end of the slide (patient's legal name, site of collection, date of collection).

5. Label swab, smear and Requisition with patient information.

6. If delay in transport is unavoidable, hold the sample at 4°C.

Genital Samples:

Note- Our Microbiology Lab has changed its processing & reporting protocols as of August 2012. Collection protocols have been streamlined. Collect smears for patients of all ages. Collect swabs **using a Modified Amies Clear Medium swab** as warranted (see table below).

This protocol includes routine genital testing for: urethritis, cervicitis, bacterial vaginosis, vulvovaginitis (trichomoniasis and candidiasis), pregnancy and patients at risk of STIs

1. Include any relevant information on the Requisition, such as: routine screen, possible STI contact, pregnancy, etc.
2. Complete **separate** Requisition for Chlamydia & GC PCR testing as these are referred-out tests. ('Virology and Reference Laboratory' requisition- see Section B)
3. Transport immediately to Laboratory. If delay in transport is unavoidable, keep sample at 4° C.
4. For Chlamydia testing, freezing no longer required.
5. When doing a slide for Micro and a PAP Smear, please use two separate blue slide holders. We do not want to receive two slides in one slide holder. Label each slide with site (one 'PAP', the other 'VAG', as well as other common descriptors.) Vag gram stains are processed on site – do not "spray" with fixative. PAP smears are sent out and do require the spray fixative.
6. For Trichomonas Antigen Testing, collect a second vaginal sample (Modified Amies Clear swab). Send within 24 hours; if delayed, refrigerate specimen at 4°C. The Lab will not process swabs > 36 hours old. This test is performed only when patients are exhibiting clinical symptoms. Contact the Microbiology Lab for more details.

Genital Samples (continued)

Site of sample collection for genital pathogens is dependent upon Clinical conditions:

Clinical Condition	Site	Common Pathogens Sought	Test Performed	Req Page #
Cervicitis	Cervix	Neisseria gonorrhoeae (GC)	Combined Chlamydia/GC PCR Swab	
Urethritis	Urethra/Urine	Neisseria gonorrhoeae (GC)	Combined Chlamydia/GC PCR (males- collect a urine specimen)	
STI Risk Genital	Cervix	Neisseria gonorrhoeae (GC)	Combined Chlamydia/GC PCR Swab	
		Chlamydia trachomatis	Combined Chlamydia/GC PCR Swab	
	Urethra/Urine	Neisseria gonorrhoeae (GC)	Combined Chlamydia/GC PCR (males- collect a urine specimen)	
		Chlamydia trachomatis	Combined Chlamydia/GC PCR (males- collect a urine specimen)	
STI Risk Other	Rectal	Neisseria gonorrhoeae (GC)	**Modified Amies Charcoal** Swab	
	Throat			
	Eye			
Vulvovaginitis Initial presentation	Vagina	Candida	**Smear** for Gram stain	
		Bacterial vaginosis	**Smear** for Gram stain	
		Trichomonas vaginalis	See below	
		Bacterial vaginosis	**Smear** for Gram stain	
Vulvovaginitis Recurrent/Chronic	Vagina	Candida	Candida Culture **(Modified Amies Clear** swab)	
		Trichomonas vaginalis	See below	
		Other pathogens	Vaginal Culture **(Modified Amies Clear swab** and a **smear)**	
Female Patients < 14	Vagina	GC, other pathogens	Vaginal Culture **(Modified Amies Clear swab** and a **smear)**	
Trichomoniasis	Vagina	Trichomonas vaginalis	Trichomonas examination **(Modified Amies Clear** swab)	

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COLLECTION SITE PROCEDURE GUIDE

APTIMA®

Urine Specimen Collection Guide

for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC)

Collection for Male and Female Urine Specimens



Patient should not have urinated for at least 1 hour prior to specimen collection.

1. Direct patient to provide first-catch urine (approximately 20 to 30 mL of initial urine stream) into urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Female patients should not cleanse labial area prior to providing specimen.
2. Remove cap from urine specimen transport tube and transfer 2 mL of urine into urine specimen transport tube using disposable pipette provided. The correct volume of urine has been added when fluid level is between black fill lines on urine specimen transport tube label.
3. Re-cap urine specimen transport tube tightly. This is now known as the "processed urine specimen."



Specimen Transport and Storage

1. After collection, transport and store the processed urine specimens in the APTIMA urine specimen transport tube at 2°C to 30°C until tested. Processed urine specimens should be assayed with the APTIMA Assay for CT and/or GC within 30 days of collection. If longer storage is needed, freeze at -20°C to -70°C for up to 90 days after collection.
2. Urine samples that are still in the primary collection container must be transported to the lab at 2°C to 30°C. Transfer urine sample into APTIMA urine specimen transport tube within 24 hours of collection. Store at 2°C to 30°C and test within 30 days of collection.



10210 Genetic Center Drive San Diego, CA 92121 (800) 523-5001 WWW.GEN-PROBE.COM

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COLLECTION SITE PROCEDURE GUIDE

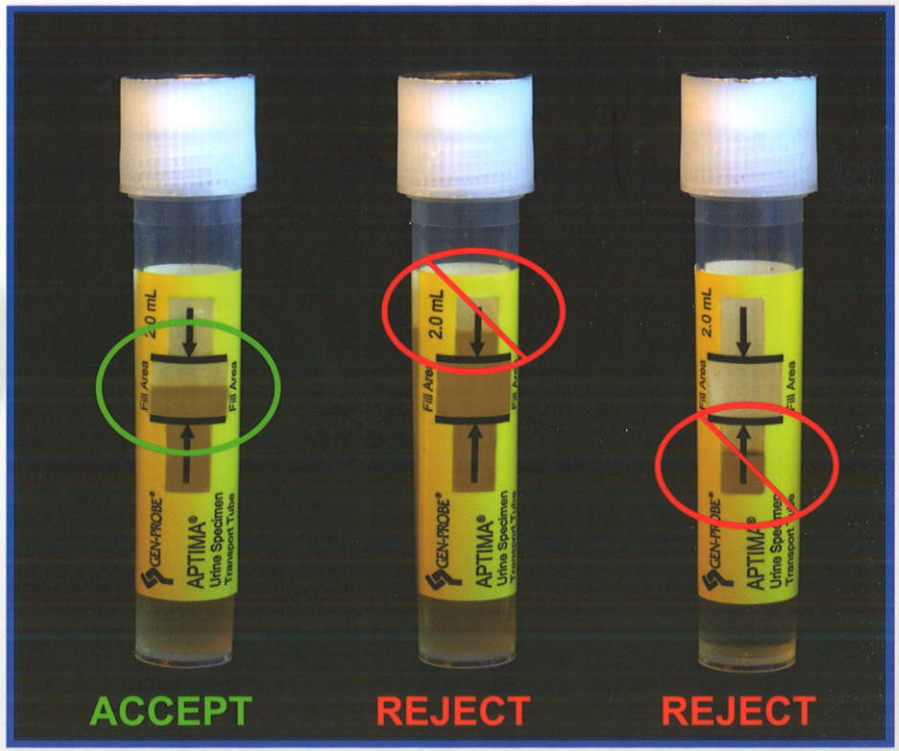
APTIMA® Urine Specimen Collection

for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC)

STOP!

Overfilling or Under-filling Sample Tubes Results In Sample Rejection

Transfer urine into Collection Tube and fill between the black lines only.



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GEN-PROBE | COLLECTION SITE PROCEDURE GUIDE

APTIMA® Swab Specimen Collection Guide

for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC)

Collection for Endocervical Swab Specimens



White Swab: cleaning then discard

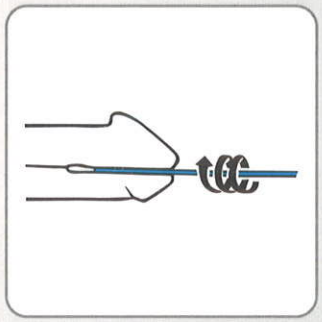
Blue Swab: specimen collection

1. Remove excess mucus from cervical os and surrounding mucosa using cleaning swab (white shaft swab in package with red printing). **Discard this swab.**
   A large-tipped cleaning swab (not provided) may be used to remove excess mucus.
2. Insert specimen collection swab (blue shaft swab in package with green printing) into endocervical canal.
3. Gently rotate swab clockwise for 10 to 30 seconds in endocervical canal to ensure adequate sampling.
4. Withdraw swab carefully; avoid any contact with vaginal mucosa.
5. Remove cap from swab specimen transport tube and immediately place specimen collection swab into specimen transport tube.
6. Carefully break swab shaft at scoreline; use care to avoid splashing contents.
7. Re-cap swab specimen transport tube tightly.

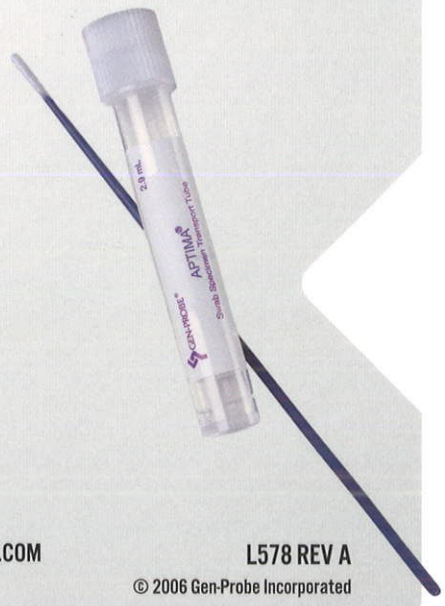


Collection for Male Urethral Swab Specimens

Patient should not have urinated for at least 1 hour prior to specimen collection.



1. Insert specimen collection swab (blue shaft swab in package with green printing) 2 to 4 cm into urethra.
2. Gently rotate swab clockwise for 2 to 3 seconds in urethra to ensure adequate sampling.
3. Withdraw swab carefully.
4. Remove cap from swab specimen transport tube and immediately place specimen collection swab into specimen transport tube.
5. Carefully break swab shaft at scoreline; use care to avoid splashing contents.
6. Re-cap swab specimen transport tube tightly.



Specimen Transport and Storage

After collection, transport and store swab in swab specimen transport tube at 2°C to 30°C until tested. Specimens must be assayed with the APTIMA Assay for CT and/or GC within 60 days of collection. If longer storage is needed, freeze at -20°C to -70°C for up to 90 days after collection.

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Pregnancy screen:

(Refer to the Prenatal Checklist in Section X for full schedule of tests)

Clinical Condition / Site	Common Pathogens Sought	Test Performed
Vagino-Anorectal (remember to request Group B screen!)	Group B Streptococcus	Vagino-anorectal culture at 35-37 weeks gestation (clear swab)
Vagina	Bacterial vaginosis	Smear for Gram stain
Cervix	Chlamydia trachomatis	Combined Chlamydia/GC PCR Swab or Urine PCR
	Neisseria gonorrhoeae	

Infection Control Screening: MRSA or VRE

Samples submitted solely for the detection of **MRSA** (Methicillin Resistant Staphylococcus aureus) OR **VRE** (Vancomycin Resistant Enterococcus)

For **MRSA** screening collect one of the following:	Perianal (preferred site) or groin
	Nares (left and right on ONE swab)
	Previously positive sites
	All open wounds (swab each one separately)
	Ostomy site (if applicable)
	Invasive device site (if applicable)
	Open wounds (if applicable)
For **VRE** screening collect:	Rectal swab

Swabbing sites for MRSA or VRE:

1. Collect using **clear swab (Amies transport medium)**
2. Pre-moisten a swab with Sterile Saline
3. One swab per site, except for Nares (1 swab for both right and left nares)
4. Roll the swab at the site for 2-3 seconds
5. Label appropriately with:
    - patient's legal name
    - date of birth
    - health care number
    - "MRSA screening"
    - **site of swab**
    - date/time of collection

6. Send sample and completed Microbiology Requisition to the Laboratory ASAP

Nasal Swabs:

1. Submit for detecting *Staphylococcus aureus* carriers
2. Collect using **clear swab (Amies transport medium)**
3. Insert swab into the nose until resistance is met at the level of the turbinates (approx. 1 inch into the nose)
4. Rotate the swab against the nasal mucosa
5. Repeat the process on the other side (both nares on one swab)
6. Label swab with:
    - patient's legal name
    - date of birth
    - health care number
    - site of swab (nasal)
    - "*S.aureus* screen"
    - date/time of collection
7. Send sample and completed Microbiology Requisition to the Laboratory ASAP

Sputum Samples:

1. Collect using a sterile container (clear, disposable, & leak-proof)
2. Early morning, deep cough sample or samples after chest physiotherapy are best. Morning samples are the most concentrated sample of disease causing organisms. Food or saliva contamination ruins samples.
3. Give the patient a sample container and the *Patient Instruction Sheet for sputum collection* (see Section D)
    - Gargle/ rinse with water and discard prior to sample collection (no mouthwash).
    - Remove lid from sample container and hold container to open mouth with lips inside the container opening.
    - Take as deep a breath as is comfortable, and cough**,** do not spit, into the container.
    - Screw container lid tightly in place.
    - Clean the outside of the container with a paper towel soaked in disinfectant if it is soiled
4. Samples that appear like saliva, spit or postnasal samples are not appropriate collections
5. Create a slide at the time of sample collection. For proper slide preparation:
    - Use a sterile swab and aggressively stir the sputum focusing on the 'purulent chunks'- bacteria are harboured in these chunks.
    - Distribute sample from swab onto glass slide and air dry.
5. Label the frosted end of the slide using a pencil: patient's legal name, date of birth, health care number, date of collection, "sputum".
6. Submit labelled sample, smear and Microbiology Requisition to the Laboratory for testing in a timely manner (preferably within 2 hours of collection).
    - Samples should be sent to the laboratory within 24 hours of collection.
    - If immediate transport is not possible, please refrigerate sample (4° C).
    - Refrigeration prevents oropharyngeal bacteria from multiplying and overwhelming pathogenic bacteria. Too long at room temperature can kill pathogenic bacteria.
7. Only one satisfactory sample is required for "C&S".
8. **Please do not send sputum samples for C&S in series, as only one will be cultured**.

Throat Samples:

1. Submit for the detection of Group A Streptococcal infections
2. Collect using clear swab (Amies transport medium). Exception: if N. gonorrhoeae is suspected, use a charcoal swab. Clearly state methodology on the Requisition.
3. Depress tongue gently with a tongue depressor.
4. Extend sterile swab between the tonsillar pillars and behind the uvula. Avoid touching the cheeks, tongue, uvula or lips.
5. Sweep the swab back and forth across the posterior pharynx, tonsillar areas and any inflamed or ulcerated areas to obtain sample.
6. Label swab with patient's name, date of birth (or health care number), collection site (throat) and date of collection
7. Submit swab and Microbiology Requisition to the Laboratory for testing.

Urine Samples:

Submitted to rule out urinary tract infections (UTI's)

1. Provide patients with *Patient Instructions for Midstream Urine* collection (see Section D). For patients unable to collect samples themselves, see instructions below.
2. An attempt should be made to collect the first voided sample in the morning. Otherwise, advise patient to hold urine as long as possible before collection for culture and sensitivity testing.
3. Avoid forcing the patient to increase fluid intake to void urine.
4. Collect urine directly into a sterile container (pink lid); do not use a urinal or bedpan or paper cup for collection.
5. Immediately after collection, dip Bactube (Uricult) slide in the container. Do not send urine to the Laboratory for dipping. See instructions below regarding proper dipping technique.

Proper Method for Use of Bactube (Uricult Trio)



1. Dip the Bactube before contaminating the urine with urinalysis dipstick
2. If urine cannot be dipped within 2 hours of collection, refrigerate (up to a maximum of 24 hours)
3. Inspect agar surfaces of the unopened Bactube: they should not be dried out or falling off
4. Check expiry date
5. Unscrew the cap, remove the slide from the plastic tube; do not touch the agar surfaces
6. Dip the slide three times into the freshly voided urine so that the agar surfaces are completely immersed
7. If there is insufficient urine, carefully pour the urine over the agar surfaces
8. Let excess urine drip off by holding the tip of the slide against the inside rim of the sample container
9. Eliminate the last drops by holding the tip of the slide to a piece of paper towel or tissue
10. Carefully return the slide to the plastic tube and close tightly
11. Do not leave excess urine in the Bactube container
12. Label the Bactube container with: patient's name, date of birth (or health care number), date & time of collection as well as type of collection (i.e. MSU, catheter)
13. Keep the Bactube at room temperature
14. Submit labelled Bactube and completed Microbiology Requisition to the Laboratory for testing

Peds bag (neonatal bagged urine):

Note: This method is used to collect urine from newborns and those without bladder control (neonates and young toddlers), but it is not a very effective method for ruling out UTI (due to contamination)

1. Wash the external genitalia
2. Place a collection bag over the external genitalia
3. Transfer urine from the bag **immediately** to a clean, sterile container

Straight line Catheters (In/ Out Catheters):

1. Clean the patient's urethral opening (and in females, the vaginal vestibule) with soap, and carefully rinse the area with water.
2. Using sterile technique, pass a catheter into the bladder.
3. Collect the initial 15 to 30 mL of urine and discard it from the mouth of the catheter.
4. Collect a sample from the mid or later flow of urine into a sterile container.

Indwelling Catheter:

1. Clean the catheter collection port with 70% alcohol wipe.
2. Using sterile technique, puncture the collection port with a needle attached to a syringe. (Note: **do not** collect urine from collection bag)
3. Aspirate the urine, and place it in a sterile container.

Wound Samples:

"Wound" is a broad term used by microbiology technologists to describe: **abscesses, bites, burns, carbuncles, cuts, incision lines, lacerations, lesions, rashes, ulcers, etc**.

This protocol includes routine C&S testing for many miscellaneous body sites.

Samples can generally be divided into 3 main groups: Superficial, Deep & Burns. See specific instructions below for each wound type.

All wounds

1. Clinical suspicion of infection **must** be present before a sample is collected to avoid misleading results.
2. Swabs of serous fluids are not recommended, as this is part of normal healing.
3. For dry, encrusted lesions, culture is not recommended unless an exudate is present.
4. Collect using syringe, clear swab or anaerobic collection kit as required– then make a smear
5. Prepare a smear slide at the same time the sample is collected.
6. Label smear with patient's name, site of collection and date of collection on frosted end of slide using a pencil. Submit this smear for Gram stain so that Microbiology is able to assess the amount of infection present at time of collection and can perform appropriate testing.
7. Submit labelled sample, smear and completed Requisition to the Laboratory for testing in a timely manner. If a delay in transport is unavoidable, refrigerate the sample at 4°C
8. Please include useful information on the Requisition:

1. Wound Type	e.g. left knee rash; right arm abscess; diabetic ulcer left leg
2. Location	
3. Condition	
4. Signs of Infection	e.g. presence of pain; inflammation; exudate; pyrexia
5. Sampling Method	
6. Testing Requested	i.e. C&S; anaerobic culture
7. Indicate if Wound Deep or Superficial	Deep (>2 cm deep)

Superficial Wounds (<2 cm deep) (Includes drainage, surface wounds, ulcers, boils):

1. Syringe aspiration is preferable to swab collection.
    - Disinfect the surface of the wound with SOLU-I.V and allow to dry.
    - Using a 3- to 5-ml syringe with a 22- to 23-gauge needle, a Physician will aspirate the deepest portion at the advancing margin of the lesion (not just the pus).
    - From a closed wound collect exudates and a sample of the abscess wall.
    - Place aspirate into a sterile container.
    - Using a sterile swab make a smear of the aspirate, ensuring that you roll the swab as you streak, on a clear glass slide. Label the smear at the frosted end of slide, with the patient's legal last name, date of collection, and collection site.
2. If syringe aspiration is not possible a swab may be collected.
    - For open wounds, cleanse wound with sterile, non-bacteriostatic saline using gauze. Do not irrigate wound.
    - Place swab deep at the leading edge of the wound.
    - Label sample patient's name, date of birth (or health care number), site/type of collection, and date/time of collection
3. Use separate sterile swab to make a smear; label the frosted end of the slide.

Deep Wounds (Includes deep abscess, aspirates, implanted devices, bites):

Repeat instructions as for superficial wound.

If an anaerobic infection is suspected obtain an anaerobic swab from the Microbiology Laboratory.

Burns:

1. Debride the area and disinfect the surface of the burn with SOLU-I.V. Allow to dry.
2. As exudate appears, sample it firmly with a swab.
3. Submit the swab sample for aerobic culture (C&S).
4. Try to collect biopsies from deeper tissues.

    The surfaces of burn wounds will become colonized by the patient's normal flora or by environmental organisms; cultures of the surface alone are therefore misleading.
5. Sample different areas of the burn. Organisms may not be distributed evenly in burn wounds.

Pertussis Collection Procedure

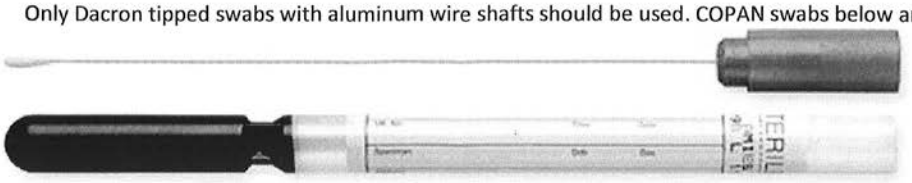
Laboratory Collection Instructions for Pertussis Testing

PHSA Laboratories

Public Health Microbiology & Reference Laboratory

Specimens:

- Optimal samples are pernasal swabs but postnasal swabs are also accepted, though less sensitive. DO NOT SUBMIT THROAT SWABS.
- Only Dacron tipped swabs with aluminum wire shafts should be used. COPAN swabs below are ideal.



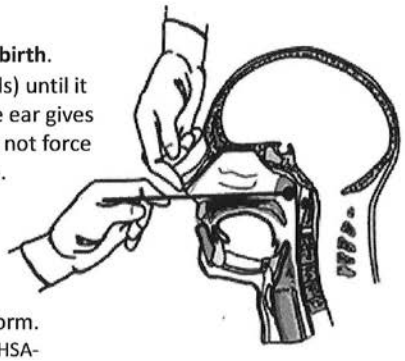
COPAN 125C Amies Charcoal (soft aluminum wire, green tip)

Collection:

- Collect specimens from patients presenting with cough within **72 hours of onset** of symptoms.
- **Personal protection during specimen collection:** Minimize self exposure by minimizing the amount of time spent in taking a sample, wearing personal protection and following infection control practices. Hands should be washed and fresh gloves used for each new patient.

Procedure:

1st Choice: Pernasal specimens



1. **Label** the container with the patient's **full name** and **date of birth**.
2. Gently insert swab into one nostril **straight back** (not upwards) until it reaches the posterior wall. The distance from the nose to the ear gives an estimate of how far back the swab should be inserted. Do not force the swab. If an obstruction is encountered, try the other side.
3. Rotate swab a few times, loosening the cells in the mucus cavity and then remove.
4. Place the swab into the accompanying vial of Amies transport media.
5. Fill out the *PHSA Labs Bacteriology & Mycology Requisition* form. (Available at http://www.phsa.ca/AgenciesAndServices/Services/PHSA-Labs/Testing-Requisitions/Diagnostic.htm)
6. Seal in biohazard bag, refrigerate and ship as soon as possible in a cooler containing ice packs.

2nd Choice: Postnasal specimens

1. **Label** the container with the patient's **full name** and **date of birth**.
2. Incline the patient's head as required and insert the swab into the patient's mouth.
3. To avoid contamination from the oral cavity, bend the wire to an angle of 135° about 1 cm from the tip.
4. Rest the swab against the posterior wall of the pharynx and move the tip up and down a few times.
5. Place the swab into the accompanying vial of Amies transport media.
6. Fill out the *PHSA Labs Bacteriology & Mycology Requisition* form.
7. Seal in biohazard bag, refrigerate and ship as soon as possible in a cooler containing ice packs.

PHSA 305 Rev 2012/02

8. Miscellaneous Samples

Sample Type	Kit Contents*	Requisition #	Storage/ Transport Instructions & General Comments
Mycology (Fungal)	labelled dark blue paper packet	14	See BCCDC Guide to Services for information on collections.
Outbreak- Gastrointestinal (GI)	Contact YCDC.	16	Contact YCDC.
Outbreak- Influenza-Like-Illness (ILI)	Contact YCDC.	See PHSA website	Contact YCDC.
Pertussis	Modified Amies Charcoal Swab	14	Refrigerate
Semen Analysis (Infertility)	sterile container (pink lid)	1	Sample must be received by the Lab within 30 minutes of collection. Must be kept warm during transport (room temperature-body temperature)
Semen Analysis (Post-Vasectomy)	sterile container (pink lid)	1	Sample must be received by the Lab within 3 hours of collection. Must be kept warm during transport (room temperature- body temperature)
Stool- *Clostridium difficile*	sterile container (with spoon)	2	Refrigerate
Stool- Culture & Sensitivity	sterile container (with spoon)	1	Refrigerate
Stool- Occult Blood	Hemoccult kit, 3 sticks, plastic bag	1	Samples remain stable for up to 14 days at room temperature
Stool- Ova & Parasites	red-top SAF container	12	Refrigerate
Stool- Viral	sterile container (with spoon)	12	Refrigerate
TB/ Mycobacteriology	Several sample types are accepted for TB testing- consult the Mycobacteriology/TB Requisition (#15)		
Urinalysis	sterile container (pink lid)	1	Samples must be tested within 2 hours of collection
Urine- ACR	sterile container (pink lid)	5	Transport in a 10 mL red top vaccutainer. Larger containers also accepted.
Urine- 24 Hour Collection	24 hr urine container (3L orange jug); collection hat; food/ medicine restrictions as required	1	Samples must be transferred from 3L orange jugs to 10 mL sterile containers & pH must be buffered. Contact the lab for details.
Urine- C&S (midstream)	sterile container (pink lid)	2	Dip BacTube within 2 hours. Store & transport at room temperature.
Urine- Chlamydia/GC	Aptima Urine Transfer Tube	10	Transport to WGH Lab as soon as possible. Store 2^{o} to 30^{o} C.
Urine- Cytology	sterile container (pink lid)	18	Add equal amount of 50% methanol to sample.
Urine- Pediatric (from U-bag)	sterile container (pink lid); U-bag		See Patient Instructions for details.
Viral Samples	Several sample types are accepted for viral studies- consult the Virology Requisition (#13)		
*All kits should contain Patient Instructions (P.I.); Requisitions must accompany samples. See Section G for images of kit contents.			

Section D. Patient Instructions

List of Patient Instructions

Patient Instructions for:		
ECG	Electrocardiogram (ECG/EKG)	1
Holter	Holter Monitors	2
Spirometry	Spirometry & Reversibility testing (formerly PFTs)	3
Glucose Tolerance Testing	Non Gestational 2 Hr Glucose Tolerance testing	4
	Gestational 2 Hr Glucose Tolerance testing	5
	50gm Oral Glucose Load	6
Semen Analysis	Infertility Testing	7
	Post Vas Testing	8
Sputum Samples	Bacteriology & Fungal	9
	Cytology	10
	Standard & TB	11
Stool Samples	Occult Blood Test	12
	Culture & Sensitivity (C&S)	13
	Ova & Parasites (O&P)	14
Urine Samples	24 Hour Urine Test	15
	12 Hour Urine Test	16
	Male and Female Midstream Urine culture	17
	Urine Cytology	18
	Infant Ubag	19
H. pylori	Urea Breath Test for *H. pylori*	20

1. Your ECG: Recording Your Heart's Rhythms

Please follow these instructions before your appointment:

- Shower or bathe the morning of your appointment
- Please do not use talcums, lotions or perfumes
- Wear a comfortable 2-piece outfit- a shirt that you can easily remove.
- Men: Be aware that we may need to shave off some chest hair where the sensors are attached
- Women: Do not wear panty hose- sensors will be attached above your ankles
- Please arrive at the hospital 10 minutes early to sign in
- You will be asked to remove your shirt and lie down for the test

Note:

While the test is very short, you may need to wait in the hospital after the test. Your Doctor may need to review your results before you can leave. Appointments may last 30 minutes.



Questions? Concerns? Unable to attend your booked appointment?

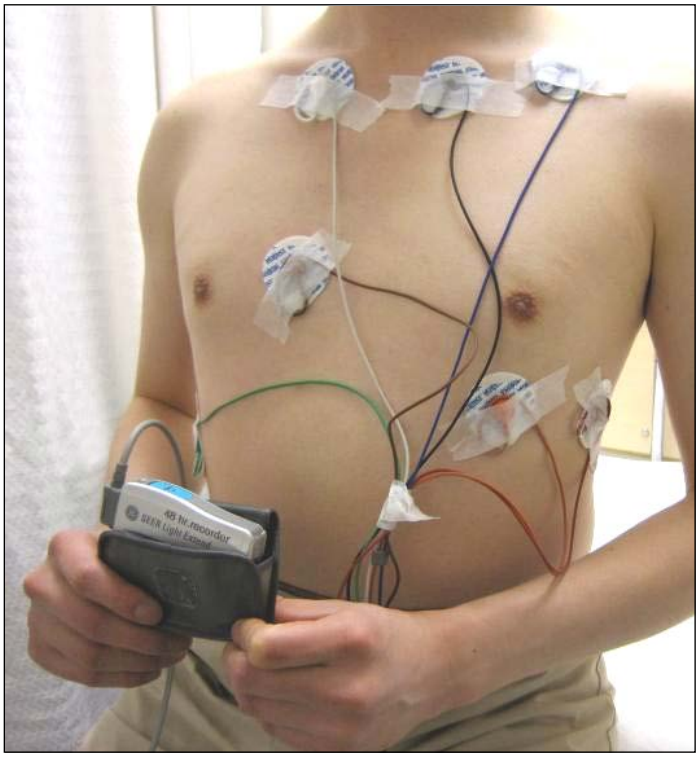


Please phone WGH Laboratory at 393-8739

2. The Holter Monitor: Tracking Your Heart's Rhythms for 24 Hours

Please read and follow these instructions before your appointment:

1. Shower or bathe the morning of your appointment.
2. Please do not use talcums, lotions or perfumes.
3. Wear a comfortable 2-piece outfit.
4. Best choice: a shirt that opens in the front (with higher neckline) & pants with a belt.
5. Men: Be aware that we may need to shave off some chest hair where the sensors are attached.
6. Please arrive at the hospital 10 minutes early to sign in.



Questions? Concerns? Unable to attend your booked appointment?

Please phone WGH Laboratory at 393-8739



3. Spirometry: How is your breathing?

Laboratory staff will contact you by phone to book an appointment. These tests are only done on certain days.

Please follow these instructions before your appointment:

1. Postpone your appointment if you've had:
    - A heart attack in the last month
    - A stroke in the last month
    - Eye surgery in the last month
    - Surgery in your chest or stomach in the last month
    - Pneumothorax in the last month
2. You cannot take this test if you've **ever** had an aneurysm or if you have uncontrolled hypertension
3. Do you take medicines (i.e. "puffers") for breathing? If yes, bring them with you to the appointment. **You may need to stop taking these medicines for a short time before the test- your doctor will provide you with more information.**
4. If you are sick (have a cold or flu) on the day of the test, please rebook your appointment. If you have been severely sick or have had ear infections, postpone the appointment for 3 weeks.
5. **Avoid**:
    - Smoking for at least 1 hour before the test
    - Drinking alcohol within 4 hours of the test
    - Exercising heavily within 30 minutes of the test
    - Wearing tight clothing that might restrict full deep breaths
    - Eating a large meal within 2 hours of the test
6. Do not wear fragranced products (perfume, cologne, shower gels, etc.)
7. Please arrive 10 minutes early to sign in.

If you want to see how the test is done, watch this YouTube video

(Title: "Spirometry Technique Review" produced/ uploaded by 'LungAssociationSK'):

http://www.youtube.com/watch?v=--7ORNHWVrY&list=UUo2i4iUca7JpewgD9xY5GVA&index=2&feature=plcp

Questions? Unable to come to your booked appointment?

Please phone the WGH Laboratory at 393-8739

4. Non-Gestational Oral Glucose Tolerance Test

Please follow these instructions before your test:

1. If you have had surgery, you must wait at least 2 weeks before doing this test.
2. If you are sick (cold/ flu/ infection) on the day of the test, you must rebook your appointment.
3. You must fast for 8 hours before the test: no food or drink for 8 hours. You can drink water and take your prescription medicines.

On the day of your test:

4. At the hospital, you will be asked to drink a sweet drink, then to sit and rest. You will be at the hospital for at least 2 hours. Your blood will be drawn before and after the 2 hours. You cannot leave the building and you cannot smoke, eat or drink during the 2 hours.
5. You may wish to bring a book or a craft. You may wish to bring a warm sweater.
6. Bring a snack to eat- you may eat it once the test is done.

Questions? Concerns? Unable to attend your booked appointment?

Please phone WGH Laboratory at 393-8739

5. Gestational Oral Glucose Tolerance Test

Please follow these instructions before your test:

7. If you have had surgery, you must wait at least 2 weeks before doing this test.
8. If you are sick (cold/ flu/ infection) on the day of the test, you must rebook your appointment.
9. You must fast for 8 hours before the test: no food or drink for 8 hours. You can drink water and take your prescription medicines.

On the day of your test:

10. At the hospital, you will be asked to drink a sweet drink, then to sit and rest. You will be at the hospital for at least 2 hours. Your blood will be drawn after 1 and 2 hours. You cannot leave the hospital and you cannot smoke, eat or drink during the 2 hours.
11. You may wish to bring a book or a craft. You may wish to bring a warm sweater.
12. Bring a snack to eat- you may eat it once the test is done.

Questions? Concerns? Unable to attend your booked appointment?

Please phone WGH Laboratory at 393-8739

6. 50 gm Oral Glucose Load Test

Please follow these instructions before your test:

1. You may eat normally before you come to the Lab for the test (no fasting needed).
2. If you have had surgery, you must wait at least 2 weeks before doing this test.
3. If you are sick on the day of the test (cold/ flu/ infections), you must rebook your appointment.
4. You will be at the hospital for at least 1 hour. You cannot leave the building and you cannot smoke, eat or drink during that 1 hour.

Questions? Concerns? Unable to attend your booked appointment?
Please phone WGH Laboratory at 393-8739

7. Semen Analysis: Infertility Testing

Please read these instructions carefully before you begin:

1. To prepare for collecting, do not ejaculate for at least 24 hours, preferably 3 days.
2. Label your sample container with the following information:
    - Your full first and last name
    - Your health care number and your date of birth
    - Your Doctor's name
    - The date and exact time of your collection



3. Warm the collection container in your hand before collecting your sample.
4. Ejaculate directly into the container. Do not use a condom.
5. Put the lid on the container and close tightly.
6. You must keep the sample warm while you are bringing it to Laboratory. Keep the container inside your jacket or jeans pocket, for example.
7. Bring both your sample AND your Requisition to the WGH Laboratory WITHIN 30 MINUTES of collection.

Drop-off Lab Hours: **Monday through Friday mornings 08:00 to 12:00**
Please do not bring specimens after 12:00 noon

Note: The specimen will not be tested if the label or Requisition is missing information.

8. Semen Analysis: Post-Vasectomy

Please read these instructions carefully before you begin:

1. Label your specimen container with the following information:
    - Your full first and last name
    - Your date of birth OR health care #
    - Your doctor's name
    - The date and time of your collection



2. Ejaculate directly into the container. Do not use a condom.
3. Put the lid on the container and close tightly.
4. Put the specimen container in the bag provided. Wash your hands with soap and water.
5. Bring both your sample AND your Requisition to the WGH Laboratory as soon as possible. Keep the specimen warm (between room temperature & body temperature).

Drop-off Lab Hours: **Monday through Friday mornings**

Please do not bring specimens after 12:00 noon

Note: The specimen will not be tested if the label or Requisition is missing information.

9. Sputum Collection (for Bacteriology or Fungal Study)

Please read these instructions carefully before you begin:

1. Label your collection container with:
   - Your full first and last name
   - Your date of birth OR health care number
   - The date and time of your collection
   - Write "Sputum"



2. Collect in the early morning before eating.
3. Cough deeply to bring up sputum ('from deep down') and spit it into the container [see drawing on reverse side of this page for more details].
4. Do not spit clear saliva into the container - sputum should look thick and green or yellow-green.
5. Collect more than 2mL (½ teaspoon) where possible.
6. Tightly seal the lid on the container and place it in a plastic bag; seal the bag with a twist tie.
7. Collect 1 good sample. Only 1 sample can be tested in a 24 hour period.
8. If you are unable to get a good sample after 3 attempts, talk to your doctor.
9. Bring the sample to the Laboratory within 2 hours of collection. If you live in a remote community, you must refrigerate and transport the sample to the Laboratory within 24 hours.

Questions? Concerns? Please phone WGH Laboratory at 393-8739

10. Sputum Collection (for Cytology Testing)

Please read these instructions carefully before you begin:

1. Label your collection container (#1) with the following information:
   - Your full first and last name
   - Your date of birth OR your health care number
   - The date and time of your collection
   - Write "Sputum"



2. Collect early in the morning before eating.
3. Rinse your mouth with water.
4. Hold the container (#1) to your mouth with your lips inside it.
5. Take a deep breath and cough deeply. Spit the sputum ('from deep down') into the empty container.
6. Do not spit clear saliva into the container - sputum should look thick and green/ yellow-green.
7. More than 2mL (½ teaspoon) where possible.
8. Add an equal amount of 50% Methanol (from container #2) into your sample in container #1.
9. Tightly seal the lid on the container and place it in a plastic bag; seal the bag with a twist tie.
10. Collect just 1 sample. Only one sample can be tested in a 24 hour period.
11. Bring the sample to the Laboratory within 2 hours of collection. If you live in a remote community, you must refrigerate and transport the sample to the Laboratory within 24 hours.

Questions? Concerns? Please phone WGH Laboratory at 393-8739

Methanol Warning! See other side of this sheet.

Return all containers to the Laboratory.

CAUTION!

METHANOL is FLAMMABLE. Keep away from sparks and flame.

METHANOL IS TOXIC.

Keep out of reach of children!



First Aid- Contact with Methanol:

Skin:

1. Flush skin with lukewarm running water for at least 15 minutes
2. Remove clothing with Methanol spill on it; take care not to spread the spill
3. Discard or decontaminate clothing under running water
4. Unless contact has been very minor, go to the Hospital Emergency Department. Outside Whitehorse- contact your Doctor or Nurse right away.

Eyes:

5. Flush the eyes for at least 15 minutes with lukewarm running water. Hold the eyelids open. Take care not to rinse contaminated water into the other eye.
6. Go to the Hospital Emergency Department. Outside Whitehorse- call your Doctor or Nurse right away.

If Swallowed:

7. Rinse mouth thoroughly with water. Induce vomiting. Drink 1-2 cups of water. Call 911. Outside Whitehorse- call your Doctor or Nurse right away.
8. If another person swallowed Methanol and:
9. collapses or is unconscious or convulsing, do not give anything by mouth- Call 911
10. stops breathing, begin CPR if you have been trained- Call 911

11. Sputum Collection for TB Testing

Please read these instructions carefully before you begin:

11. Label your collection container with the following information:

- Your full first and last name
- Your date of birth OR health care number
- The date and time of your collection
- Write “Sputum”



2. Collect in the early morning before eating
3. Cough deeply to bring up sputum (‘from deep down’) and spit it into the container [see drawing on reverse side of this page for more details]
4. Do not spit clear saliva into the container - sputum should look thick and green or yellow-green
5. Collect more than 2mL (½ teaspoon) where possible
6. Tightly seal the lid on the container and place it in a plastic bag; seal the bag with a twist tie
7. Collect 1 sample per day for 3 days.
8. Collect sputum again 2 weeks after your treatment begins.
9. Ensure your Requisition form is filled out, including the “Patient History” section.
10. You must bring the sample to the Laboratory within 2 hours of collection. Remote collections: you must refrigerate and transport the sample to the Laboratory within 24 hours.

Questions? Concerns? Please phone WGH Laboratory at 393-8739

How to collect Sputum

1. Gargle or rinse with the water you are given. ***Do not use*** antiseptic mouthwash.



2. Hold the sample container to your mouth with your lips inside it. Take as deep a breath as you can and cough ***then spit*** into the container *(do NOT just spit saliva).*



3. The sample you cough should look thick and yellow or green. The sample should be bigger than **½ teaspoon.**



4. Close the container lid tightly.



5. Give the sample to your caregiver right away.

If you are at home:

- Seal your sample in the plastic bag you were given.
- Put the bag in the fridge right away.
- Return your sample to your caregiver within 24 hours.

March 2008

12. Occult Blood: Testing for Abnormal Blood in Stool

This is a common way to test for cancer in the colon.

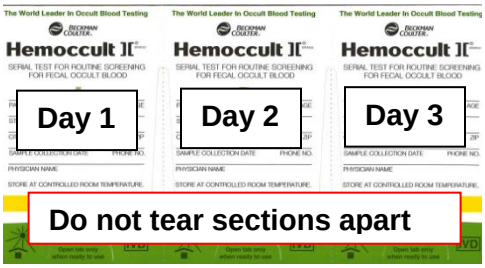
Please follow these instructions carefully for good test results.

Getting ready:

Medicines:	
For 7 days before & during collection days:	Avoid using Ibuprophen, Naproxen, Aspirin & other NSAIDs (non-steroidal anti-inflammatory drugs) Acetaminophen (Tylenol) may be taken as needed
For 3 days before & during collection days:	Avoid taking Vitamin C pills- you don't want more than 250 mg per day from pills, citrus fruits or juices
Food:	
For 3 days before & during collection days:	Avoid red meats (beef, lamb, liver, wild game) Eat a healthy diet of fruits and vegetables including bran or fibre products

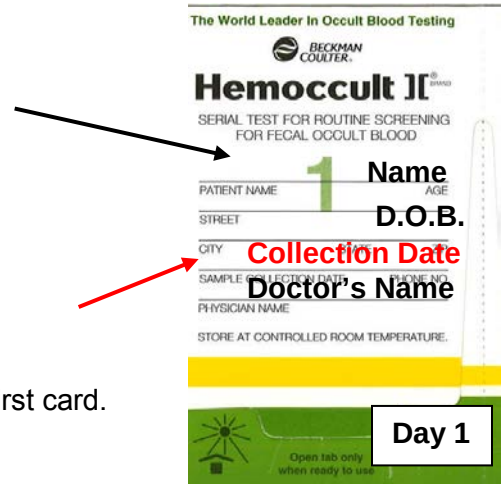
You should collect stool (poo) samples from 3 different days.

Do not collect samples if you can see blood in your stool or urine (pee) [Example: from menstruation (period), active haemorrhoids, urinary tract infection]. Call your Doctor.



Label all 3 cards with:

Your full name
Your date of birth
Your Doctor's name



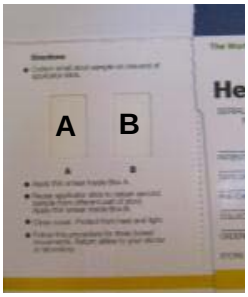
Day 1:

1. When ready to begin collecting, write the **date** on the first card.

2. Lift up the tab on the front of card 1 only.

3. You will see 2 windows labeled A and B.





4. Collect stool onto a clean, disposable container (For example, a paper plate).
5. Or put plastic wrap between the toilet seat and the bowl and collect the stool onto the wrap. Do not let water touch the stool.
6. Using a wooden stick, take a small piece of stool – smaller than a pea.

   Make a very thin smear of stool from edge to edge in **window A.**
7. Using the same wooden stick, collect another small sample from a different part of the stool. Make a very thin smear of stool from edge to edge in **window B.**
8. Close the tab and let the sample air dry in a paper bag.





Repeat these steps on 2 other days to fill the other 2 cards. Be sure to write down the date you collected each sample.

Once complete, put the cards in a plastic bag and seal it with a twist tie.

Bring your samples to the WGH Laboratory as soon as possible.

****Please make sure you bring the Requisition form with your sample kit.**

****Cards must be labelled:**

- Label **each** card with your first and last name.
- Label **each** card with your date of birth and your Doctor's name
- Label **each** card with collection date and time.

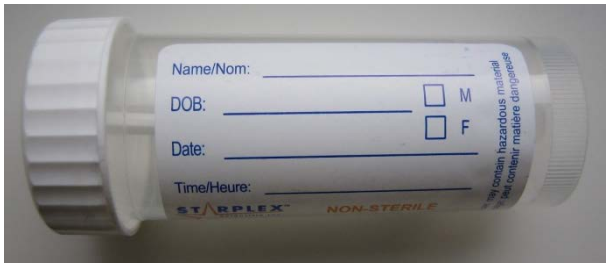
13. Stool Collection (for Culture & Sensitivity or *C. difficile* tests)

Note: You must bring your Requisition with your sample to the Laboratory. If you do not collect or label your stool (poo) sample properly, it will not be tested.

Please read all instructions before collecting your stool sample:

Day of collection

- Collect your stool between Monday and Thursday. **You must bring the collection container (and Requisition) to the Laboratory on the same day you collect**.
- Label the white –topped container with:
  - Your full name
  - Your date of birth or health care number
  - Date and time of collection
  - Your Doctor's name



- Record Date and time of collection on your Requisition forms
- Empty your bladder (pee) completely. Do not let urine touch the stool sample.
- Collect stool onto a clean, disposable container (example: a paper plate).

  Or Put plastic wrap between the toilet seat and the bowl and collect the stool onto the wrap. Do not let water touch the stool.
- Add stool to the container (using spoon inside the jar) until the liquid is at the fill line.
- Take from parts of the stool that look bloody, slimy or watery. Please do not overfill. Be careful not to spill the liquid.
- Make sure nothing else is in the collection container (i.e. no toilet paper, no plastic wrap)
- Tightly close the container with the lid and shake until the stool specimen and liquid are well mixed.

(…continued on next page)

- For small children: Fasten plastic wrap inside a diaper with childproof safety pins; then remove the stool from the plastic and put it into the collection container. Do not bring used diapers to the Laboratory.
- Put the container in the plastic bag and seal the bag with a twist tie. (Container lids tightly closed!)
- Wash your hands with soap and water.

Remember: You must bring your collection container (and Requisition) to the Laboratory on the same day you collect.

Questions? Concerns? Unable to attend your booked appointment?

Please phone WGH Laboratory at 393-8739

14. Stool Collection for Ova & Parasite Exam

Note: You must bring your Requisition with your sample to the Laboratory.

Please read all instructions before collecting your stool sample:



POISON The fluid in the red-topped collection container is poisonous. If swallowed, drink lots of milk or water. Phone 911. Outside Whitehorse, contact your Doctor or Nurse immediately

Day of collection

1. Collect your stool between Monday and Thursday. **You must bring the collection containers to the Laboratory on the same day you collect**. You must bring your Requisition with your containers
2. Label the red and white –topped containers with:
   - Your full name
   - Your date of birth OR health care number
   - **Date and time** of collection
   - Your Doctor's name
3. Record Date and time of collection on your Requisition forms
4. Empty your bladder (pee) completely. Please do not let urine touch the stool sample.
5. Collect stool onto a clean, disposable container (example: a paper plate).

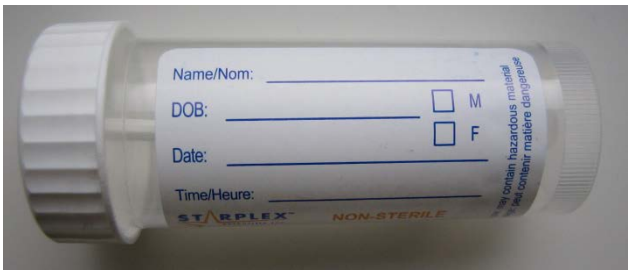
   Or Put plastic wrap between the toilet seat and the bowl and collect the stool onto the wrap. Do not let water touch the stool.



6. Add stool to the container (using spoon inside the container) until the liquid is at the fill line.
7. Take from parts of the stool that look bloody, slimy or watery. Please do not overfill.
8. Be careful not to spill the liquid.
9. Make sure nothing else gets in the container (i.e. no toilet paper, no plastic wrap)

10. Tightly close the container's lid and shake until the stool specimen and liquid are well mixed. Be careful not to spill the liquid.

11. From the same stool sample, add stool to the second collection container (white lid) using the spoon inside the container. Take from parts of the stool that look bloody, slimy or watery. Please do not overfill.



For small children: Fasten plastic wrap inside the diaper with childproof safety pins; then remove the stool from the plastic and put it into the collection container. Do not bring used diapers to the Laboratory.

12. Put the containers in the bag and seal the bag with a twist tie.

13. Wash your hands with soap and water.

Remember:

- You must bring the **labelled** collection containers to the Laboratory on the same day you collect.
- You must bring your Requisition with your containers

Questions? Concerns? Unable to attend your booked appointment?

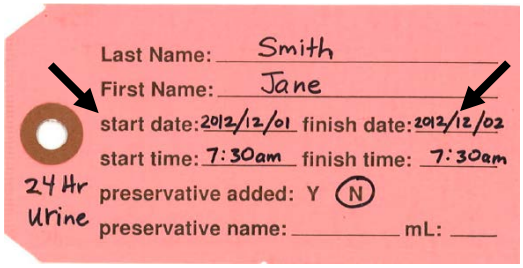
Please phone WGH Laboratory at 393-8739

15. 24 Hour Urine Testing

Please follow these instructions:

Before Collecting	Follow your doctor's orders about food and medicine
Start Collection	Empty your bladder (pee) in the toilet- Do not collect it
	Mark down the date & time on the pink label: "start date" & "start time"
	Collect ALL your urine for the next 24 hours
During Collection	Put the orange container in the refrigerator when not in use
	Urinate (pee) into the "white hat"
	Transfer urine from white hat into orange container- Be careful not to splash!
	If the test is for trace metals, do not rinse the white hat
Finish Collection	After 24 hours, empty your bladder completely and put urine into the container
	Mark down the date & time on the pink label: "finish date" & "finish time"
	Bring your filled orange container and Requisition to the Lab as soon as you can

Container Label:



"white hat" on toilet





Do not allow feces (poo) to get into your container
Women: do not collect during your menstrual cycle (period)

Questions? Concerns?

Please phone WGH Laboratory at 393-8739

24 Hour Urine Test- Diet and Medication Restrictions

* Please consult with your doctor before you stop taking any medications *

Doctors: If your patient must continue to take one of the medications listed below, please record this on the Requisition.

Type of 24 Hour Urine Test	Diet and/or Medication Restrictions		
Catecholamines & VMA's	Stop taking the following for 2 weeks prior to collection:		
	Methyldopa 1-Dopa Beta blockers Mixnoxidil	Bromocriptine Hydralazine Clonidine Alcohol	Amphetamines Tricyclic antidepressants
Porphyrins (Coporphyrins, Uroporphyrins)	Avoid for a minimum of 2 weeks prior to collection:		
	Alcohol Antipyretics Barbiturates	Chloropromazine Phenylhydrazine	Sedatives Sulfonamides
5-hydroxyindoleacetic acid	Avoid for 72 hours prior to collection:		
	Avocados Bananas Nuts	Pectin Salicylates Pineapple	Phenothiazines Cough medicines
Oxalate	Avoid for 48 hours prior to collection:		
	Vitamin C Spinach	Rhubarb Chocolate	Cola

Questions? Concerns?

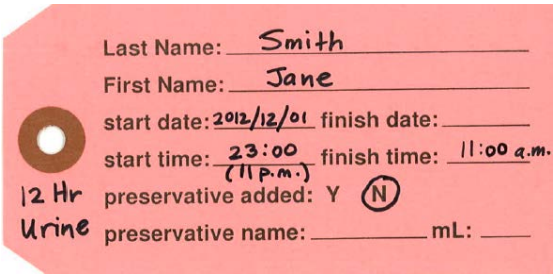
Please phone WGH Laboratory at 393-8739

16. 12 Hour Urine Testing

Please follow these instructions:

Before Collecting	Follow your doctor's orders about food and medicine
Start Collection	Empty your bladder (pee) in the toilet- Do not collect it
	Mark down the date & time on the pink label: "start date" & "start time"
	Collect ALL your urine for the next 24 hours
During Collection	Put the orange container in the refrigerator when not in use
	Urinate (pee) into the "white hat"
	Transfer urine from white hat into orange container- Be careful not to splash!
Finish Collection	After 24 hours, empty your bladder completely and put urine into the container
	Mark down the date & time on the pink label: "finish date" & "finish time"
	Bring your filled orange container and Requisition to the Lab as soon as you can

Container Label:



"white hat" on toilet





Do not allow feces (poo) to get into your container
Women: do not collect during your menstrual cycle (period)

Questions? Concerns?

Please phone WGH Laboratory at 393-8739

17. Midstream Urine Collection

Men:

1. Wash your hands with soap and water.
2. Pull back your foreskin, if present.
3. Completely wash your glans penis ("head" of penis) using the towelette provided. Wipe away from the urethra (opening of the penis).
4. Remove lid from container.
5. Urinate (pee) into the toilet a small amount, then stop.
6. Place the container a few inches from your penis, and then begin urinating in the container. [Do not touch the container to your penis].
7. Fill the container about half-full. If needed, continue urinating in the toilet.
8. Close the lid tightly to the container.
9. Wash your hands again.

Do not touch the inside of the container with your fingers

Women:

1. Wash your hands with soap & water.
2. Sit as far back on the toilet as possible and spread your legs.
3. Remove lid from container.
4. Hold your labia (folds of skin) apart with your fingers and keep apart for the rest of the collection.
5. Completely wash your entire inner genital area using the towelette provided. Wipe from front to back.
6. While continuing to hold your labia apart, urinate (pee) into the toilet a small amount and then stop.
7. Position the container, and then begin urinating in the container. [Do not touch the container to your body].
8. Fill the container about half-full. If needed, continue urinating in the toilet.
9. Close the lid tightly to the container.
10. Wash your hands again.

Do not touch the inside of the container with your fingers

18. Urine Collection (for Cytology Testing)

Please read these instructions carefully before you begin:

1. Label your collection container #1 with:
   13. Your full first and last name
   14. Your health care number OR your date of birth
   15. The date and time of your collection



Keep out of reach of children!

a. Do **not** collect your first morning urine (pee).

b. Collect a midstream sample of urine:

   i. Men: wipe clean the head of your penis.

   ii. Women: wash your entire genital area with soapy water and rinse well.

   iii. As you start to pee, allow a small amount to fall into the toilet (this cleans the opening of your urethra, where the pee is coming out). Then catch about 50 mL into the empty container you were given (#1) - see the side of the container, 50 mL is about half full.

   iv. Remove the container from the stream of urine.

4. Add an equal amount of 50% methanol from container #2 to the sample in container #1.

5. Tightly seal the lid on the container and place it in a plastic bag; seal the bag with a twist tie.

6. Collect 1 sample. Only one sample can be tested in a 24 hour period.

7. Bring the sample to the Laboratory within 2 hours of collection. If you live in a remote community you must refrigerate and transport the sample to the Laboratory within 24 hours.

Questions? Concerns? Please phone WGH Laboratory at 393-8739

Methanol Warning! See other side of this sheet

Return all containers to the Laboratory.

CAUTION!

METHANOL is FLAMMABLE. Keep away from sparks and flame.

METHANOL IS TOXIC.

Keep out of reach of children!



First Aid for Methanol Contact:

Skin:

12. Flush skin with lukewarm running water for at least 15 minutes
13. Remove clothing with Methanol spill on it; take care not to spread the spill
14. Discard or decontaminate clothing under running water
15. Unless contact has been very minor, go to the Hospital Emergency Department. Outside Whitehorse- contact your Doctor or Nurse right away.

Eyes:

1. Flush the eyes for at least 15 minutes with lukewarm running water. Hold the eyelids open. Take care not to rinse contaminated water into the other eye.
2. Go to the Hospital Emergency Department. Outside Whitehorse- call your Doctor or Nurse right away.

If Swallowed:

1. Rinse mouth thoroughly with water. Induce vomiting. Drink 1-2 cups of water. Call 911. Outside Whitehorse- call your Doctor or Nurse right away.
2. If another person swallowed Methanol and:
    - collapses or is unconscious or convulsing, do not give anything by mouth- Call 911
    - stops breathing, begin CPR if you have been trained- Call 911

19. Infant Urine Collection (Using a U-Bag)

Your collection kit contains:

- Towelettes (wipes) to clean your baby's skin
- U-bags (urine sample collection bags)
- A sterile sample container



Please read these instructions carefully before you begin:

1. Wash your hands with soap and water.
2. Carefully wash around your baby's urethra with the wipes provided and allow to air dry.
3. Attach a U-bag to your baby's genital area.
   See page 2 for detailed instructions for cleaning and attaching the U-bag.
4. Put a diaper on your baby, covering the bag. Check your baby often.
5. Once your baby has urinated (peed) into the bag, gently peel off the bag's sticky tape from the skin and remove the bag. Tilt the bag so the pee is away from the blue tab.
6. Remove the blue tab from the bag and pour the urine into the sterile container. Do not touch the inside of the container.
7. Discard the U-bag and wash your hands.
8. Label your collection container with the following information:
   - Your full first and last name
   - Your health care number OR your date of birth
   - The date and time of your collection
9. You must bring the sample and Requisition to the Laboratory immediately. Remote collections: you must refrigerate and transport the sample to the Laboratory within 24 hours.

Questions? Concerns? Please phone WGH Laboratory at 393-8739

Attaching an Infant Urine Sample Collection Bag (U-bag)

The skin area must be clean and dry. Avoid oils, baby powders, and lotion soaps that may leave a residue on the skin and interfere with the adhesive's ability to stick.

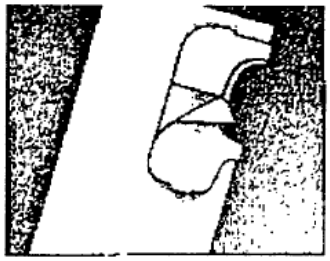
Begin application on the tiny area of skin between the anus and genitals. The narrow "bridge" on the adhesive patch prevents feces from contaminating the urine sample and helps position the collection bag.

Female



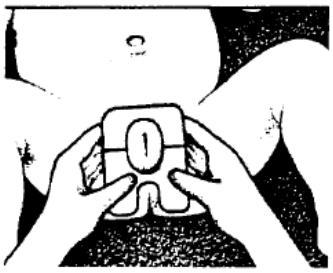
Step 1

Lay infant on her back, and wash each skinfold in the genital area. A gentle bath soap is preferred. Avoid using a lotion soap solution as it can leave a residue that may interfere with adhesion. Wash anus last. Rinse and dry. Cleanse entire area again using the towelette provided. Allow to **air-dry.**



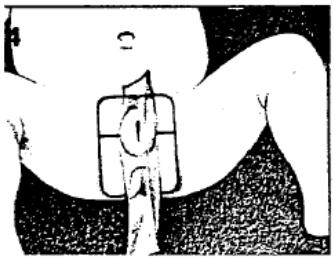
Step 2

Remove protective backing from the bottom half of the adhesive patch. It is easier to leave the top half of the adhesive covered until the bottom section has been applied to the skin. Ensure that the skin surface is dry before applying collection bag.



Step 3

Stretch perineum to separate skin folds and expose vagina. When applying adhesive to the skin, be sure to start at the narrow bridge of skin that separates the vagina from the anus, and work outward from this point.



Step 4

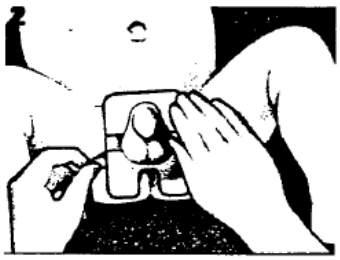
Press adhesive firmly against the skin, avoiding wrinkles. When the bottom section is in place, remove the paper backing from the upper portion of the adhesive patch. Work upward to complete application, securing adhesive around the vagina.

Male



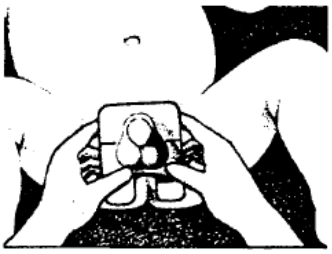
Step 1

Lay infant on his back, and wash entire genital area. A gentle bath soap is preferred. Avoid using a lotion soap solution as it can leave a residue that may interfere with adhesion. Wash scrotum first, then penis, and anus last. Rinse and dry. Cleanse entire area again using the towelette provided. Allow to air-dry.



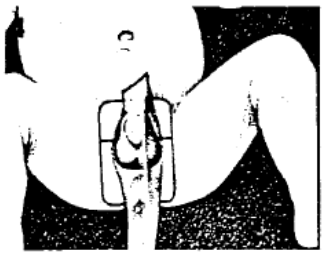
Step 2

Remove protective backing from the bottom half of the adhesive patch. It is easier to leave the top half of the adhesive covered until the bottom section has been applied to the skin. However, with an active boy, it may be easier to leave all the backing in place until the collection bag has been fitted over the genital area.



Step 3

When pressing adhesive to the skin, be sure to start at the narrow bridge of skin between the anus and the base of the scrotum, and work outward from this point. Be sure skin is dry before applying the collection bag.



Step 4

Press adhesive firmly against the skin, avoiding wrinkles. When the bottom section is in place, remove the paper backing from the upper portion of the adhesive patch. Work upward to complete application.

20. *Helicobacter pylori* Urea Breath Test (UBT)

Your doctor has requested an *H. pylori* Urea Breath Test. The test will take approximately 50 minutes to complete. You must remain at the hospital Lab for the entire test.

Please follow these instructions:

1. Before the test, avoid these medicines:

Medicine	Examples	Time to Avoid before Test
Antibiotics	Amoxicillin, Clarithromycin, Metronidazole, Tetracycline	4 weeks
Proton pump inhibitors	Losec, Prevacid, Pantaloc, Nexium, Prilosec	3 days
H2 receptor antagonists	Tagamet, Zantac, Pepcid	1 day
Bismuth salts	Pepcid, Pepto-Bismol	2 weeks
Antacids	Maalox, Diovol	1 day

   Talk to your doctor before doing the test if you are taking any of these medicines.

2. Fast for 4 hours before the test:
   - Do not smoke
   - Do not eat anything
   - Do not drink anything (except small sips of water)

   Note: You may chew gum and brush teeth during the fasting period

3. Laboratory Hours for this test: Tuesday-Friday between 12:30 p.m. - 2 p.m.
   [You do not need to make an appointment].

4. Bring your Requisition from your doctor

5. The Test: Breath Samples before & after a “test drink”
   - Give a breath sample: take a normal breath then blow through a straw into a collection tube for 4-8 seconds
   - Drink a lemon-lime-flavoured drink
   - Wait 30 minutes (do not smoke, eat, chew gum, or drink during this time).
   - Give a second breath sample

Questions? Concerns? Unable to attend your booked appointment?

Please phone WGH Laboratory at 393-8739

Section E. Test Directory & Time Sensitive Testing

Test Directory

The WGH Laboratory is developing a lab test directory at this time. Thank you for your patience while it is developed.

The **St. Paul's Hospital Accessioning Reference Manual** (distributed as a digital file) can provide guidelines for tests that are processed by their labs.

The "**BCCDC Public Health Microbiology & Reference Laboratory (PHSA Laboratories) Guide to Services**" is available online at:
http://www.phsa.ca/NR/rdonlyres/D632D356-8E8F-4917-BC3D-463EB5F8A14B/0/GuidetoProgramServices.pdf

When in doubt, contact the WGH Laboratory directly at 393-8739.

Time Sensitive Testing

While all samples should be delivered to the Lab as soon as possible, some tests are very time sensitive and cannot be processed on Fridays. Samples for the following tests must be received at the WGH Lab by Thursday:

Blood Tests that cannot be processed on Fridays (or the day before statutory holidays)	
Test	**Comments**
Ammonia	Always a STAT test- must be done within 24- 48 hours
CD4/CD8 & HIV Viral Load	Monday to Thursday
Cold Agglutinins	
Cryoglobulins	
Flow Cytometry	
HLA Typing	
Immune Cell Markers (Immunophenotyping)	
Karyotyping	
Molecular Genetics	(of any kind)

Notes: Additional information may be found in the Collection & Reference Manuals for St. Paul's/ BCCH. When in doubt, phone the WGH Laboratory at 393-8739.

Section F. Packaging & Transport of Patient Samples

The transport of Patient samples is regulated by the Canadian Transportation of Dangerous Goods Regulations (TDGR). All staff responsible for packaging samples for transport to the WGH Laboratory should have completed TDG training. All specimens must be handled in a manner in which the safety of the handler and the environment are protected while preserving the integrity of the specimens.

Note: The information contained in this document is meant as a guide to certain parts of the Transportation of Dangerous Goods Regulations and is not meant to be a substitute for them. It is the responsibility of those handling, shipping or transporting dangerous goods to consult the Regulations for exact requirements.

A copy of the TDGR can be found on Transport Canada's website: http://www.tc.gc.ca/eng/tdg/clear-menu-497.htm

Information on packing material is found on the Saf-T-Pak website:
http://www.saftpak.com/StpPack/stpackaging.aspx

Packaging

1. Place specimen in a **primary container** and label with at least two patient identifiers.
   Primary containers include:
   - blood collection tubes
   - urine containers
   - formalin containers
   - blood culture bottles
   - any other suitable sealed container which safely contains the specimen for testing.
2. Place primary container(s) into a **secondary leak proof container** labelled biohazard.
   The secondary container prevents the specimen from leaking if the primary container breaks or leaks in transit to the Laboratory.
   Secondary containers include:
   - small biohazard specimen bags
   - large red hospital designated biohazard bags
   - any other suitable leak proof container with a biohazard label on it

   (no requirement for biohazard labelling when secondary containers are clear)
   Once sealed in a secondary container, it may be handled without gloves.
3. **Paperwork** (Requisitions, etc.) accompanying the specimen must be protected from contamination and separate from the primary specimen.
4. If specimens are held in cold storage prior to transport, label refrigerators & freezers containing biohazards with appropriate WHIMIS labels. Ensure appliances are located in an area with restricted access.

5. Place specimens in a **third rigid container** to better protect specimen integrity in transport and protect specimens from temperature fluctuations when a climate controlled environment is required. Again, biohazard labels are required. Labels alert all workers to follow universal precautions.

Inpatient and Outpatient Samples: Transport within WGH

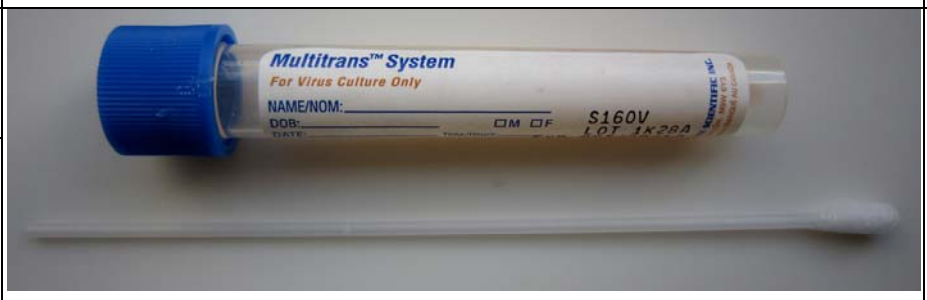
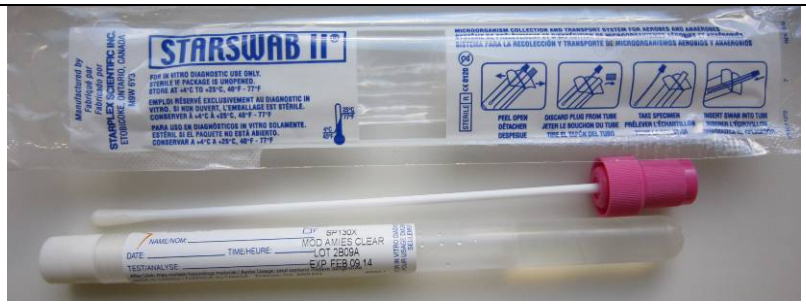
Transport specimens from inpatient units to the main Laboratory in a rigid plastic tray.

Transport larger numbers of samples in a secondary container. Keep laboratory specimen paperwork separate from the primary specimens and free of contamination.

Contact the Laboratory immediately in the event of accidents or spills. Where appropriate, Laboratory personnel will take necessary action to contain the spill or notify the appropriate officials.

Visual Key to Collection Kits: Swabs and Collection Containers

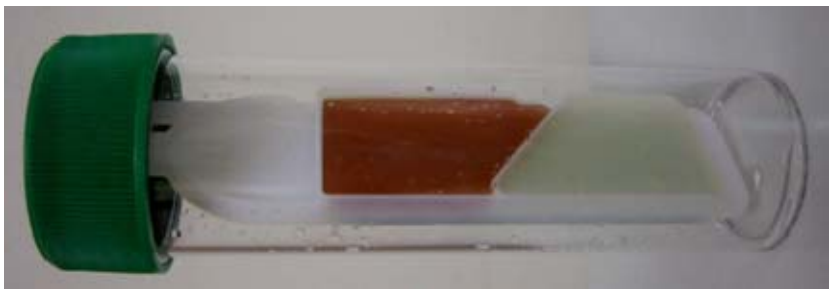
Swabs

Product Name & Uses		Requisition #
Universal Transport Medium (UTM) Kit (Copan®)- red top For Respiratory Viruses ONLY (H1N1, Influenza, severe respiratory illness; ILI)		13
Multitrans System (Starplex®)- blue top For non-respiratory Viruses - all sample types except stool samples		13
Modified Amies Clear medium (Starswab II®) For detecting a variety of bacteria- multiple collection sites		2

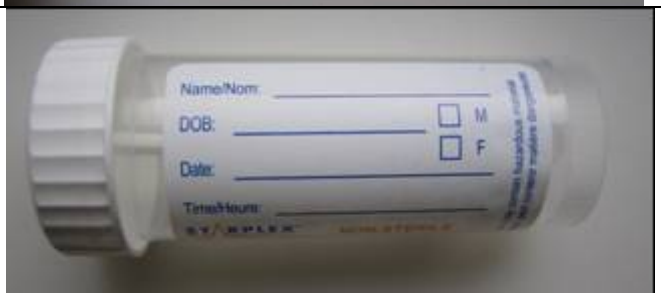
Swabs (continued)

Product Name & Uses		Requisition #
Modified Amies with Charcoal medium (Starswab II® or Copan®) For detecting *Neisseria gonorrhoeae*, *Bordetella pertussis* (Whooping cough); Antibiotic susceptibility testing		14
GenProbe Aptima Assay Collection Kit "Swab or Urine" Kits for detecting *Chlamydia trachomatis* & GC nucleic acid testing (NAT)	 	10

Collection Containers

Uricult Trio For Urine culture & sensitivity testing- detection of bacteriuria		2

Collection Containers (continued)

Product Name & Uses		Requisition #
SAF Fixative red top vial Stool: Ova & Parasite		12
Starplex sterile container with spoon Stool: culture & sensitivity; *C. difficile*; virology		14,13
Urine samples Semen analysis Sputum for AFB, bacteriology & fungal analysis, cytology (with methanol added)		various
24 Hour Urine containers (B350 Urisafe®- Simport Scientific) For 24 Hour urine collection (3L containers)		1

Collection Containers (continued)

Product Name & Uses		Requisition #
ThinPrep CytoLyt Solution		Contact Lab
For some cytology specimens		

Other

Product Name & Uses		Requisition #
Kit for Fungal specimens (scrapings)		14
Hemoccult		1
For occult blood screening		

Laboratory Supplies Order Form

Instructions:			
1. Fax (867-393-8772) or drop off completed form to the WGH Laboratory.			
2. Orders will be filled within 1 week and delivered to the WGH doctors' lounge for pick up.			
Ordering Clinic Information:			
Clinic Name:		**Ordered by:**	
		Order Date:	
Requisitions:	**Quantity**	**Supplies:**	**Quantity**
WGH Lab On-Site Testing		Amies with Charcoal Swabs (Starswab or Copan)	
Referred Out Testing		Amies Clear Swabs (Starswab)	
WGH Microbiology		Uricult Trio (BacTube) for C&S urine	
BCCA Misc.		Viral Collection kits- respiratory (red top- UTM)	
BCCA Cytology		Viral Collection kits- non-respiratory (blue top- Multitrans)	
Canadian Blood Services – Prenatal Screen Request		Chlamydia/Gonorrhoeae: Swab Collection kits (Aptima)	
SIPS testing		Chlamydia/Gonorrhoeae: Urine Collection kits (Aptima)	
BC Biomedical – RAST		Stool O & P containers (SAF fixative red top containers)	
Molecular Diagnostics - BC Children's Hospital		Stool C & S containers (white lid with spoon- Starplex)	
Pathology – St. Paul's Hospital		Pertussis Collection kits (Swabs- Amies with Charcoal)	
Chlamydia/GC testing		Semen Analysis kits	
		24 hr Urine collection containers	
		Hemoccult slides (occult blood-stool)	
ProvLab BC & PHSA req's: download from their websites			
Laboratory Use Only:			
Issued by:		**Date:**	
Comments:			

Note: PAP Smear requisitions and supplies must be ordered directly from BC Cancer Agency